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07

EDITORIAL COMMENT

AN EDUCATIONAL MEMORIAL TO MISS NIGHTINGALE

A PROPOSAL that may have far-reaching influence was that made at the Congress in Cologne to found an international memorial to Miss Nightingale and to make this memorial an educational opportunity for nurses, such as that founded here by the American Nurses' Association in honor of Mrs. Robb and that undertaken by the League of St. Bartholomew's nurses in memory of Miss Stewart. To us it seems that no other memorial is so fitting and expressive, coming from nurses to honor their great leader, as one of a living character, founded on educational lines, which makes it possible for oncoming women to gain the best in professional knowledge and wide culture, and to perfect themselves in advanced or special spheres of work. Miss Nightingale was prepared for her life work by an unusually liberal and scholarly culture, by a rich knowledge of the world, by knowledge of foreign languages, by wide reading. Upon this foundation she built her years of study of hospital and nursing conditions. With her, truly, knowledge was power, and it must be equally so with the great nurses of the future. We have seen in this country that fast multiplying demands for nurses for new lines of work have necessitated educational facilities on new lines to fit them for these calls. Other countries are having a similar experience. Germany promises to be the next in line with special opportunities for nurses' education on advanced lines of work, with the expected early development of courses in pedagogy, administrative nursing work, and social service in the *Frauen-Hochschule* in Leipsic. Here, it is intended to open such a door as we have at Teachers' College.

The plan for an international memorial, as presented by Mrs. Fenwick, would be to found a chair of nursing in connection with some

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educational institution in London, a scheme so in harmony with the genius of Miss Nightingale that it should be carried to triumphant completeness.

The work of the Florence Nightingale Memorial Fund, a committee composed of prominent Englishmen and women, has not been truly acceptable to nurses. Certainly, England should erect a noble statue to Miss Nightingale, and it is mortifying to read the Earl of Pembroke's words, that "there should be a statue of Miss Nightingale—not necessarily a costly one." Beyond that, to offer a charity to nurses would appear to be the most unsuitable memorial that could possibly be made, but the determination to apply part of the funds to annuities for old or disabled nurses was adhered to by men who refuse to admit that the training of a nurse is an educational question, and the matrons on the committee seem to have been overlooked except as a suitable background for the orations of the men.

It is, therefore, doubly important that nurses should initiate a truly enlightened and worthy memorial to the woman whose work they are to carry on. Their memorial should emphasize the social importance of that work, and the professional dignity of their own status. We trust that nurses all over the world will vie in exciting interest in a Florence Nightingale chair of nursing, open to nurses from every country, and in bringing to it their own contributions, as well as those of the general public.

THE WIDER OBLIGATIONS OF THE NURSE

Probably each nurse who enters training does so with a thought of her personal needs. She sees in nursing a dignified and interesting pursuit by which she may support herself or help others; or she regards it as a medium by which she may be of greatest use to those about her; or she has a keen interest in medical science and chooses this branch of it. From whatever motive, the choice is a personal one, and she thinks of her work in its connection with herself as an individual. It is not until she has been for some time a resident of her training school that she begins to see herself, not as an isolated worker, but as a member of a calling, one of a great army of workers, not one of whom can do well or ill without raising or lowering the standard of her profession.

"No man liveth to himself." No matter how engrossed the private duty nurse is in her present patient, no matter how absorbed is the head nurse in the conduct of her ward, sooner or later she will realize that things affecting her profession as a whole affect her also, and that

if she wishes them to be to its honor, she had better take hold and try to help make them so.

Some nurses never rise very high in the feeling of responsibility to their profession. They drift away from their companions, doing their work largely alone, and the calls from associations—local, state, or national—fall on deaf ears. Why should they attend to these things? They are earning their living by the service they render. Why should they disturb themselves? They belong in the same class as the men who are too busy making money, or trying to do so, to be good citizens.

We must remind these indolent people again and again that the advantages they have enjoyed were secured for them by the active effort of some of their predecessors—no one can tell how many—and that they owe it to their successors to continue the work. If a nurse is a graduate of a good school, gratitude and loyalty should move her to an effort to see that future students of that school receive as great advantages as were hers, or better. No one can better judge the value of a certain school's work than the graduates who put it to the test in their practical outside work of whatever kind. They can see just how far their training has prepared them to do faithful, skilful work, to meet emergencies, to go on developing, or they can see where it was weak. If a nurse finds to her sorrow that she is not so well prepared for her work as are the graduates of some other institution, she owes it to her successors in that school to try to help remedy conditions. She may do this through her alumnæ association in a direct appeal to the managers, or she may find that the more roundabout way of state registration is the surest remedy, and that if she works for that and supports it heartily, the requirements of the state board will bring her school into line with the other acceptable ones.

For other and more selfish reasons the nurse, in whatever way employed, should enter heartily into organization work. She cannot long progress if she lives a solitary professional life; she needs to match her ideas with those of others, to learn their point of view, to share hers with them, and so keep growing.

Private duty nurses are very apt to think that they cannot find time to attend meetings. We believe that they could do so often if they really tried to and planned for it in advance. They cannot leave dangerously ill patients, but, in ordinary cases, by speaking of the meeting several days ahead and asking for relief for that period, they could manage to attend.

To do its best work, a society needs the active support of all kinds of nurses, and its offices should be held by those variously occu-

pied, who would approach the same problem in different ways and so work out what is best for the whole body. A society, as well as an individual, may get into a rut and make little progress if it is always under the same management and is conducted in the same way.

Those who see the *British Journal of Nursing*, which has space in its weekly issues for very full accounts of the International Congress, must have been deeply impressed by the accounts given of working conditions in many of the continental hospitals. The nurses work for incredibly long hours, day after day, or day and night, with scant comforts and almost no leisure. They have very inadequate instruction; their lives seem one long period of drudgery. It is hoped that the enlightenment brought by the Congress may help remedy these conditions; but while we ache for these overburdened nurses, we should remember that it is because nursing work in this country has been from the beginning so well organized, so ably administered by trained women who have given their lives to the service, that we enjoy so much better conditions and so much greater liberty. Who would not be proud to help maintain our improved conditions?

This is the time of year when all societies begin work anew. Let us have a great infusion of fresh blood—those who have been lazily resting on their oars and criticising the work of the busy ones taking hold and finding an interest in helping to make this the best year their associations have had.

CHARLATANISM

No nurse can practise her profession long without coming in contact with people who rely, wholly or in part, on patent medicines, mind cure, or on some one of the forms of treatment given by men who claim to have made great discoveries calculated to supersede legitimate medicine. It is one of the unexplained mysteries of the make-up of human beings that people who seem, on ordinary matters, well balanced will swallow without question the claims made by impostors and will trust their precious lives to them while turning their backs on hard-working, honest practitioners.

A nurse may have a very wide influence in the upholding of legitimate medical methods; each of us is appealed to at some time or other as to the claims of these new methods and we should be ready to do everything in our power to keep people from risking their lives or health and from wasting time and money on quacks. Dr. Flexner points out in a recent report that the charlatans profit by the very candor which is necessary to the truthful doctor, and where he must

say: "I cannot help you," or "We do not yet know the nature of that disease," the quack is ready to explain everything and to promise a certain cure. His object is, of course, mercenary, in almost every instance, and it is one of the poorest sorts of men who is willing to risk the life of others for the sake of gain. It would be well for nurses occasionally to read over the available literature of some such "doctors," for they would be more than ever convinced of their fraudulent intentions. One pamphlet which came to our notice recently was couched in high-sounding terms with newly invented names calculated to make an impression on the unwary, and claimed to cure tuberculosis, neuritis, cancer, diphtheria, and many other ills by manipulation. A personal letter which accompanied the pamphlet made a diagnosis of a patient whom the writer had never seen and promised a cure.

The fact that there are many medical schools which are improperly equipped and which turn out doctors unfitted for their tasks has probably helped prejudice the minds of some people against all doctors. It should be our privilege, whenever such a subject is discussed in our hearing, to show that the American Medical Association itself is the prime mover for the betterment of medical education, and that it needs all the support that can be given it by enlightened public opinion in its efforts.

The growth of medical science has been made possible through the self-sacrificing efforts of countless men through many ages. Each has added his mite and has left something for his successors to build upon. There has never been a time when we have seemed nearer to simple and rational methods of treatment, giving nature every chance to do her own work, yet to the minds of many there is no distinction between research and experiment. We are all the gainers by this vast work of the past, whether we will admit it or not. All our modern methods of sanitation and hygiene rest upon it, and any method which tries to sweep it away and to put something new in its place may justly be looked upon with suspicion.

STUDY AND PREVENTION OF INFANT MORTALITY

All nurses engaged in social work, and all nurses who make obstetrical work a specialty, will be interested in the plans for the third annual meeting of the American Association for the Study and Prevention of Infant Mortality, which convenes in Cleveland, Ohio, just at this time—October 2–5. It is to be hoped that many of our state societies are members of this association and will be sending delegates, and that all nurses within reasonable distance of Cleveland will try to

attend some of the sessions. Probably those which touch us most nearly are that on Thursday afternoon from three to five, under the heading, Nursing and Social Work, that on Friday morning on Midwifery, and the Friday evening public meeting, when addresses will be given by Dr. C. Hampson Jones, of Baltimore; Dr. J. N. Hurty, Indianapolis, and Dr. L. Emmett Holt, New York.

The headquarters of the association are at the Hollenden Hotel, while the larger meetings will be held in the Engineers' Auditorium. The Saturday following the meetings is set aside for visits to local institutions—not the least valuable portion of the conference. Nurses who have not before been in Cleveland will feel it a privilege to visit one of our oldest and best infant welfare institutions—the Babies Dispensary and Hospital.

MAKING GOOD ON PRIVATE DUTY

Under this title, Mrs. Harriet Camp Lounsbery has written a book for private nurses which we are sure will receive a warm welcome, especially from those who have enjoyed her contributions to this Journal, some of which form chapters in the new volume. She is well fitted to survey the subject from many points of view, for not only has she been in the past a nurse herself, but she is also a doctor's wife and a mother, so that she can add the doctor's and the patient's points of view to that of the nurse. She has a happy way of making the nurse's problems her own and of treating them wisely and sympathetically.

All nursing text-books have a bearing on private duty work, but to have a volume of their own will, we know, be a source of pride and pleasure to those for whom it is written, and we hope it may meet the success it deserves. The book was not received in time for review this month in our regular department, but Miss Cameron's comments will follow in November. Our first book on private duty nursing ought to be in the hands of every private duty nurse in the country.

A RELIEF FUND CALENDAR

At the June meeting of the American Nurses' Association it was decided that the Relief Fund should be helped by the publication of a calendar, the proceeds from the sale to be devoted to its work. This calendar is now in process of preparation and the committee in charge hopes to have it ready in good time for the holiday season. It is to have twelve subjects, one for each month, a page being given to each week and a quotation to each day. The calendar will be of interest

not only to nurses but to all who like a quotation calendar, and it is hoped there will be such enthusiasm in its distribution that the Relief Fund may be materially aided and the sooner enabled to begin to offer aid to those in need.

THE JOURNAL'S EDITORIAL OFFICE MOVES

We wish it might be possible to make sure that each of our thousands of readers would read and heed the simple statement we are about to make, that the editorial office of the AMERICAN JOURNAL OF NURSING has been moved from 247 Brunswick Street to 45 South Union Street, Rochester, N. Y. All mail intended for the editor-in-chief or her assistant, all news items, all contributions, all exchanges, everything, in fact, except subscriptions, book orders, and advertisements, should be sent to this new address instead of to the familiar one on Brunswick Street. Subscriptions, advertisements, and book orders, as heretofore, should go to the publishing office of the JOURNAL, 337 South Sixth Street, Philadelphia, Pa. With the help of the government's very careful and faithful servants, we hope there will be no confusion or delay in our important mail.

This change is more than a change of address. It means the taking of the JOURNAL from the home of the editor-in-chief to the house just opened as a central registry and club house by the Monroe County Registered Nurses' Association. It has always been our belief that a central directory, wherever established, should be made the centre of nursing interests of a city, and we are by this move endeavoring to practise what we preach. The club house will be the meeting-place of not only the County Association but of various local alumnæ associations, and it will be, also, the headquarters for the enrollment of Red Cross nurses by the Rochester local committee.

One great advantage to the JOURNAL in being located in a building with a central directory is that during any hours when the editor and her assistant are absent from the office, some one is always at hand to receive telegrams, special-delivery letters, or telephone messages.

The new office is pleasant and commodious, and we hope the new surroundings may provide fresh inspiration on old problems.

GOOD THINGS AHEAD

Our readers will see that a new department is opened with this month's issue of the JOURNAL—that on Hospital and Training School Administration, in charge of Mary M. Riddle, who is well known to nurses everywhere for her work in connection with the JOURNAL, the

Robb Fund, the two oldest national societies, the Massachusetts State Association and Board of Examiners, as well as for her admirable management of the Newton Hospital. No one could better give advice or would be able to judge more wisely of contributions on this subject than Miss Riddle, for she presides over a well-balanced institution, where modern methods and equipment are at hand, where the comfort of the patient and the welfare of the nurse are considered, and where a happy homelike atmosphere prevails. The nurse superintendent is urged to make this department a place for giving and receiving help and for discussing questions relating to her work.

The Visiting Nurse Department will continue to be a forum for the expression of opinion on the part of public health nurses, and Miss Foley, its editor, would like free discussion on subjects presented, rather than an acquiescence in her views. She hopes soon to present some of the problems of record keeping, with illustrations of good charts and suggestions as to how records may be made of value after being secured.

Our basket devoted to contributions is full to overflowing with articles which our readers will enjoy and which they will find suggestive in the various kinds of work they undertake. The head nurses do not respond to our appeals as well as the private duty nurses have done, but perhaps they will come to the front later.

INSCRIPTION ON MISS NIGHTINGALE'S TOMB

We think it will be a surprise to most of our readers, as it was to us, to learn that the inscription on Miss Nightingale's tomb consists simply of the letters "F. N.," with the dates of her birth and death. We learn this from a little sketch in the *British Journal of Nursing*, describing a pilgrimage of the Japanese nurses at the International Congress to East Wellow, on their return trip through England.

The tomb is inscribed on three sides with the names of Miss Nightingale's father, mother, and elder sister, and we may be sure the simplicity of the inscription on the fourth side is due to directions given by Miss Nightingale herself during her lifetime, it is so characteristic of her humility. We have in hand an interesting letter, written by her years ago, which expresses this trait strongly, which we shall publish in full in Editor's Miscellany as soon as space permits.

THE TREATMENT OF PULMONARY TUBERCULOSIS*

By H. H. WEIST, M.D.

Preliminary to describing a method of treatment of pulmonary tuberculosis, it seems proper to consider very briefly certain established facts in regard to the disease itself. Pulmonary tuberculosis is a communicable disease, the element of contagion being a microscopic organism, the tubercular bacillus, which produces characteristic lesions in tissues, consisting of small masses or nodules called tubercles. Hence the name tuberculosis.

Prominent medical writers state that pulmonary tuberculosis is one of the most universal and benign of all the diseases with which human beings are afflicted. This startling and seemingly paradoxical statement is perfectly true, and abundant evidence can be offered to substantiate it. The frequency of the disease, as stated by various authorities, is in itself convincing proof. The statistics of Nagle show that between the ages of 19 and 30 ninety-six per cent. of all autopsies give evidence of tuberculosis, and that above 30 no individual is free. Osler expresses the opinion that one hundred per cent. of individuals are tuberculous. Accurate records in general hospitals and morgues of autopsies of bodies dead of other diseases show a percentage of healed tuberculosis varying from fifty to ninety per cent. according to different writers of different countries. With this evidence before you it must be sufficiently obvious that the whole tendency of the body is to recover from tuberculosis; if it were not so, we would all die of it.

Another very significant fact also proved beyond the cavil of a doubt, is that the tubercle bacillus will not grow or multiply in the fluids and tissues of a perfectly healthy body when received in the usual number. With these premises in mind, let us endeavor to reason logically to a conclusion as to what determines recovery of those who develop the disease and what enables others to offer resistance to its invasion. There can be no doubt that the factor in both instances is identical.

It has long been a matter of common observation by physicians that the outcome of treatment in a given case of tuberculosis cannot be predicted with certainty; far-advanced, extensive disease often clearing in the most surprising manner, while, on the other hand, cases are frequently seen in which the lesion, localized within narrow limits, remains

* Read before the New York County Nurses' Association, January, 1912.

unchanged after years of treatment, or, becoming active, extends and finally overwhelms the patient. The difference in outcome of these cases cannot always be explained by difference in age, sex, occupation, or surroundings. Further corroboration of this is borne out by the percentage of healed tuberculosis in the autopsy records which have been recited to you. These statistics were derived from general hospital cases and, therefore, from people of the poorer classes. Being poor, they remained during life in their accustomed environment—the most unfavorable according to accepted view—and, therefore, never received systematic treatment for tuberculosis, probably did not even know that they had the disease. Change to equable climate, higher altitude, purer air was not for these dependent poor, yet they recovered from tuberculosis, dying later from some entirely different disease. If we eliminate climate and systematic treatment, the only explanation left us is that these people, fortunately and not by the use of intelligent selection, obtained the right sort of food and in sufficient quantity to check the growth of tubercle bacilli. It has been established in the second premise that tubercle bacilli will not grow or multiply in a perfectly healthy body. Fundamentally, therefore, tuberculosis is a disease due to imperfect or malnutrition.

The first symptoms of tuberculosis are solely symptoms of disordered nutrition, then follow symptoms of malnutrition and the toxins generated in the growth of the tubercle bacillus and other bacteria. The treatment of tuberculosis, therefore, is inseparable from the study of food. It must seem obvious to you in this connection that, important as are the methods employed in the battle against tuberculosis, such as care of sputum, etc., specific directions as to food are of greater importance. I think they are paramount to every other method in the prevention and cure of tuberculosis. One who is properly fed can be compared to one who is successfully vaccinated and goes his way in perfect immunity.

In the great crusade waged against tuberculosis, it seems to me that sufficient cognizance is not taken of this important fact. In a successful warfare against tuberculosis, both the proximate and immediate causes of the disease must receive the same consideration because they are interdependent and of equal importance. In the effort at prevention by attempting to destroy the tubercle bacillus, why not lay equal emphasis on the fact that an efficient means of prevention consists in maintaining a well-nourished body, and at the same time offer to those who already have the disease the hope that the reëstablishment of a proper nutrition offers the simplest, surest, and most readily available avenue for recovery?

The two methods are not antagonistic; on the contrary, they support and defend each other and an intelligent appreciation by laymen would go far toward removing the stigma of the disease felt by every sufferer.

The laity who are disposed to take a prominent part in the crusade should be better informed as to the complexity of the problem involved. Zeal without adequate knowledge has given rise to morbid fear, and while fear has undoubtedly been one of the greatest promoters of human progress, when it becomes hysterical it is emasculated and is no longer a well-balanced element of power. It rather sinks into weakness and stupidity, and from being a stimulating factor in human affairs, becomes a benumbing element. The scientific world has a wholesome fear of tuberculosis, but with this fear goes intelligence, courage, and a desire to extend protection from it. To show the correctness of this position and to bring the world to adopt it, should be one of the objects of medical science. To fear tuberculosis is to run from an idea, but to protect the tuberculous from others and from themselves is sane, sound, and effective; the very act of resisting a common danger energetically will dispel unreasonable fear. One should dispel the vague and nebulous ideas that project themselves in terrifying forms and strive for accurate and exact presentation, for known dangers incite us to caution while the unknown excite panic and phobias. When we have a precise knowledge of tuberculosis and its effect on mankind, and can show that many places have been freed from its ravages, and can demonstrate the exact means by which this has been accomplished, we shall have taken a long step toward substituting prudence for fright. That the world fears tuberculosis is undoubtedly true. The great mortality, the wide extent, the painful consequences, and the contagiousness of the disease are reasons enough for this. These features have always been characteristic of the disease, but they have recently been brought more vividly before the public by organized educational bodies, and designedly so. This has been done, however, not for the purpose of increasing their fears, but in order to promote their intelligence. It is the knowledge that an inundation is possible and the fear that it may come that has made the Dutch so careful and skilful with their dykes. The result of their precaution is that a threatening disaster is controllable. The study of the individual tuberculous patient shows that in him the contagion is controllable and that he may be rendered harmless to his fellows. One who knows how to manage such a patient can care for him in any stage of his disease with impunity. It is this knowledge which should entirely root out the fear of the disease.

A vast amount of educational propaganda has been made in this direction and it is effective in proportion as the people are receptive, *i.e.*, intelligent. You cannot preach down unreasonable fear; you must substitute something for it. Replace the generic idea of the disease by the thought of the individual who has it and offer a remedy which is within his reach. In this connection, I am not referring to the affluent or to the dependent poor who are provided for, but I am thinking of the wage-earner, the greatest sufferer when such affliction comes. So far as treatment of wage-earners is concerned, this class is completely ignored, as if the disease were considered never to exist among them. The plight of a tuberculous wage-earner in such a city as New York is distressing in the extreme. Rest, pure air, and an outdoor life, all of which are regarded as essential to the treatment of pulmonary tuberculosis, are patently beyond his reach. However, I have digressed too far from the main purpose of my paper, which is to describe a systematic, curative, dispensary treatment of pulmonary tuberculosis.

In order that you may appreciate the important rôle that food plays in the treatment of tuberculosis, and also that you may more readily comprehend the reasons for the adoption of a specific diet, it seems proper to consider for a moment the matter of dietetics in general. As you are well aware, food serves as the material out of which new tissues are constructed, old cells revivified, and energy for running the bodily machinery derived. Development, growth, and vital activity all depend upon the availability of food in proper amount and of proper quality. Nothing, therefore, can be of greater importance than that man should know what constitutes proper food and its rational use. Yet almost nothing is more difficult or more misunderstood. As soon as it is a question affecting mankind, we have to take note of tradition and sentiment with regard to one of the main conditions upon which depend individual health, family prosperity, and the improvement of constitution and of race. It is well known how to feed a cow, a horse, or a sheep so as to cause them to produce the maximum of meat, of work, or of wool. Less seems to be known how to feed a man.

Nothing can take precedence of proper food in the preservation of public health, and when health is lost, nothing can be of more importance than to understand the leading principles guiding to the employment of diet as a powerful instrument for its restoration. Yet it is a lamentable fact, that the subject of dietetic treatment of disease has received scant attention in medical literature. The subject is too often dismissed with such vague and indefinite phrases as "The value of nutrition re-

quires more mention," and favorite if not convincing expressions are "The patient should be carefully fed," and "General dietetic treatment is of primary importance," and "The patient should eat plenty of good wholesome food." With such directions, which convey nothing definite or accurate, the dieting must, indeed, be general.

A food may be defined as anything which, when taken into the body, is capable either of repairing its waste or of furnishing it with material from which to produce heat or nervous and muscular work. As life is impossible without heat and as body heat is produced by oxygenation, fresh air is here regarded as food. As you know, foods are classified as organic and inorganic and further classified as nitrogenous and non-nitrogenous. Inorganic foods include the mineral salts. The nutritive constituents of foods are further classified as proteids, carbohydrates, fats, mineral salts, and water. All diets mention these classifications, but it is interesting to note that few diets do more than merely mention mineral salts, although lime salts form three-fourths of the total mineral solids of the body and are found in all tissues and fluids.

It is the province of physiology which studies the healthy body to determine how much of each of these nutritive constituents is daily necessary to maintain a healthy man. This has been done by experiments upon healthy men, and from these experiments certain standard diets have been formulated. But is it logical to employ figures obtained by observation of these in normal health in calculating the quantity of nutritive elements for the sick? Yet it is the universal tendency to confuse healthy and sick in such matters.

The province of the physician is to treat the sick. There are no standard diets for different diseases, because there is nothing upon which to base a standard. One of the established facts, however, is that unless fat is stored in excess of the caloric needs of the body, an individual is not healthy. Masses of fat in various situations in the body, whatever the reason, are necessary for health. This does not mean obesity, but is true of every individual of normal development. Masses of fat, you will recall, are found surrounding the kidneys, and in the omentum much fat is stored. The marrow of the bones is rich in it, and the rounded contour of the body is due to fat. In wasting diseases, or diseases of malnutrition, what is it that wastes and is lost? Of the nutritive constituents the greatest loss is shown in fats, because the fat masses grow less. Tuberculosis is a wasting disease. Hence the popular name, consumption.

It is sufficiently obvious that if a healthy man needs only food enough to repair his daily waste, it must follow that the individual suffer-

ing from any of the wasting diseases must meet not only the current demand, but store the surplus required in health. The first indication in the treatment of the tuberculous, therefore, is that he must eat more food than he actually needs for his daily output, and in order to accomplish this successfully and without discomfort, cathartics are necessary to carry off the residue from the increased quantity of food. The necessary amounts of food can be determined only by experimentation with the individual and success or failure made manifest by regular weighing.

(*To be continued.*)

ORGANIZATION OF TUBERCULOSIS WORK IN SMALL CITIES AND COUNTIES

By CHLOE JACKSON, R.N.

Executive Secretary Fayette County Anti-tuberculosis League, Lexington, Kentucky

THIS paper is not intended to present a systematic plan for the organization of tuberculosis work in small cities and counties, but rather to present some of the situations one must meet and to encourage rather than discourage those who may anticipate entering this field of work.

To one accustomed to the large city, with its many co-operative agencies, its splendidly organized Board of Health, its vital statistics, its parks and playgrounds, its social features, and its thousand and one attractions and helps, the work in small cities and rural districts is not apt to hold many alluring features. To one who has spent some years in a rural district or small city, who knows secrets of hills and fields, who enjoys the babbling of brooks or the warbling of birds, who is a lover of nature or who is of a constructive turn of mind, the rural work offers many an allurement. When a call comes from a small city and rural district, there has been an awaking to something somewhere, a felt need. An organization may exist in name only, there may have been no definite organized work, all may be chaos. No matter what the condition, that there came a call, meant awaking; hold it and look well that no spark of interest be lost.

The field may impress you with its restfulness, its comfortable-looking homes with beautiful yards and gardens. The voices of happy, rollicking children reach your ear and, almost at the same moment, appears a hungry-looking urchin, poorly clad, and he seems to emerge from the house beautiful. You listen again, look, and if you are keenly alert, you will continue to look. You are now on the field of which you are to

become a part. What will you do and where will you go? First find a home for your work. Get together here all of your material. Gradually gather a few simple office helps. Have an abundance of scratch-pads always ready for use, and pencils should be ready in abundance. During your first few weeks acquaint yourself with your city and organization. Learn who compose your organization and the various interests they represent. Learn to know the city and county officials. Find out something of their various interests. Visit the Board of Health, make a friend of the health officer and city physician; then you can rely upon them for assistance. Remember a little assistance is much better than no assistance. Visit the city clerk, look over the death records of the previous year or two and, I can assure you, you will find material for actual investigation of homes. Visit the charity associations or any other agencies the city may have. Here, also, will you find material for assistance. Calls will soon be sent to your office and almost unaware you will have twenty-five or thirty cases of tuberculosis under supervision. Do not expect big things, but do the little things in a comprehensive, far-reaching fashion. Don't hurry, and above all don't worry.

In the large cities we have learned to expect the so-called slums, skyscrapers, tenement houses, factory districts, red-light districts, and greg shops of debauchery and crime. In the small city one sees no skyscrapers, and, perhaps, no so-called tenement houses, no factory districts, and no so-called slums. Your first impressions were those of peace and plenty, but before you have spent many weeks visiting the homes, you will learn of the slums equal to any in the large city—tenement houses of the worst type, sanitary conditions such as will retard work on every side, no water, no sewerage, no toilet facilities in some cases, the common privy at the majority of homes being shallow wells or dirty cisterns. Water may need to be carried a block or two, sometimes up hill, and a red-light district is there, and so your first impressions are shattered.

Form some definite plan of carrying forward one specific thing and keep overlastingly at it. Don't make that specific work so big that you have no time for sidesteps, for material must be gathered and plans formed for another specific line of work. The one thing you plan, be sure you can do, whether it be a survey of a certain section of the city or a certain educational feature of the work. At all times educate, educate. You must be a teacher or your efforts will be in vain. You will soon find yourself calling for help, help in the field and help in the office, and if you have gathered definite material to show why assistance is needed, half the battle is won.

Grasp every opportunity for meeting with the different church societies, mothers' clubs, and any gathering at which you may be able to present some interesting feature of your work, and be sure to learn some definite idea which that club or society may grasp and work out. Get all the help you can. Give others work to do; form committees. Interest the various school districts. In forming committees, get leaders in various activities, *e.g.*, mayor, health officer, merchants, superintendent of schools, club women, Catholic and Protestant clergymen, manufacturers, charity workers, etc.

Now and then sit down and consider carefully the work you are doing. Without anxiety seek to discover if you are doing it all in the best way. Note whether or not you are wasting your energy or your time in methods used in calling a committee together or in the way you keep your notes or in your feature to get together certain desirable material.

The city may be divided into sections or school districts. Study these various groups. Learn something of a particular group in a particular section. Localisms, superstition, loan sharks will all play an important part in various groups. You will find it easier to get at the root of trouble in small cities, your loan sharks will begin to fear and tremble, but localisms may remain and superstitions must be gradually eradicated. Interest the teachers in the various schools as their assistance is one of great value in preventive work; especially is this true in dealing with mouth breathers. Find physicians who are willing to assist in special nose and throat work, physicians who are willing to give health talks in school and club meetings. Here you can do excellent work in the small cities. Your best physicians will almost vie with each other to lend a helping hand.

In the county work, learn to know your county officials, trustees of various school districts, and your most influential farmers. Get some interesting pictures you can use, get lantern slides, and proceed to the various schools and churches. Create as much interest in these various groups as is possible. Discuss general health topics, give them the simplest rules for health, and especially show the country people how to ventilate, and you are doing much to eradicate tuberculosis. Show them how to treat stagnant pools, ponds, the refuse from the stable and any breeding place of flies and mosquitoes. Remember that any health subject becomes your subject when dealing with the tuberculosis problem. You must so learn your people that you will be able to interpret their descriptions of various diseases and ailments. When you are told that a child has "festing cowbuckles" or of the impertence of some woman

in the neighborhood who happens to be such a *necessity* because she is a baby catcher, or of some child that has "gardens on the brains," you must be able to fathom all these mysteries. Don't expect to accomplish too much. Not long since I heard an executive say that a nurse should be able to give the proper care to a hundred cases of tuberculosis throughout a county, no matter how great the distance. It was very evident this same executive had never given baths or done the many things which a nurse from necessity must do, or this demand would not have been made upon the women of the field; for in the county just covered, in reaching the various schools alone some four hundred miles have been covered and you must not expect too much or you will be disappointed.

As a summary of the whole, first, don't quarrel with your town or county, don't criticise your public officials, don't take refusals to help as being personal affronts. Don't remember past refusals or past difficulties, don't worry, and don't fail to ask the same people the next time you need help. Don't get excited, don't allow your feelings to be harrowed by suffering or need in any direction, don't think that nothing can be done. Get ready before you start, don't fail to stop and look and listen before you do the next thing. Don't take up any work unless you feel that you can do it and make it a go. Don't allow yourself to be a martyr for a failure. Don't fail to do the little things in a big, comprehensive, far-reaching fashion. Don't allow discussions in meetings of work that can't be done, or people who won't help, or officials who refuse to take your advice. Make suggestions but reserve your judgment.

LEAVES FROM A PATIENT'S NOTEBOOK

By FOREIGNER

It is bad enough to be sick in one's own country, in one's own home, with one's own people in devoted attendance, but, to be ill in a foreign land, in strange, busy hospitals, with new faces everywhere, is an experience of which the "half has not been told." Some blessings, however, remained to me in this, my lot: first, our common English tongue, and second, the forms of the "Angels of Light," and those who meant to be "Angels," but just failed of the steady flame that sheds light.

Some weeks after my husband and I arrived on the west coast, there happened to me that which left me a physical wreck, with several operations inevitable. Before the operations *she* arrived. I remember distinctly the morning she came, because of that lovely California day, which made me think of the sunny Southland I had left, and of mother,

and all the rest at home, and how strange it was to feel such an utterly paralyzed woman, when yesterday I was a healthy, blooming girl. She came in quickly and quietly, for I was alone. My "practical" nurse had lost her nerve and refused to go on with the case, and I raised my head upon my elbow to see the girl who had my life in charge for the pain-ridden weeks ahead. She was a short sturdy girl with masses of red hair, a soft clean skin, and very white teeth. She wore, also, an immaculate white uniform, which gave me a sense of security and comfort. Then my new nurse smiled at me, a bright, reassuring smile, that made me sink back upon my pillow with a feeling of satisfied trust. Of the agonizing five weeks that followed, one persistent thought will stay with me always—the thought of my nurse's faithfulness. I tried so hard, it seemed to me in my weak state, to take care of my nurse, and would not call her till pain made it impossible to do without attention; but this girl anticipated every agony, and the calm, steady determination to do her best to alleviate my sufferings made my faith in her ability and heart grow until I was as dependent upon her as a baby upon its mother's care. As I grew worse, however, it became necessary for some one to relieve Miss—— at night, so my second experience with an American nurse came in the form of a girl of German parentage—a girl with a fine figure and skilful, tender fingers. Some parts of my body were almost unrecognizable in their swollen condition, and I could not bear them to be touched, but as the catheter had to be used and other treatments given, my night nurse's light and skilful touches were sources of amazed gratitude to me. Often when waiting for the pain of contact, her smiling assurance that it was all over filled me with admiration for the deft fingers that had worked the miracle. But while caring for the sick bodies of her patients, this exceptionally bright girl neglected the wonderful mechanism of her own. She ought, with her fine form, to have been a very attractive woman, but her unhealthy skin made me wonder the cause, and one day in my convalescence she told me how troubled she was with constipation, and acknowledged her neglect to take measures to remedy the condition. Such a failure filled me with surprise and pity, for the thought of her bright brain, combined with those dextrous fingers, made me know of what value she was in her calling, and I reasoned that if she could be so in imperfect health she could double that worth if her body were as wholesome as God intended.

All her belongings bore a sweet-sounding, fanciful name, which I accepted as her own. Indeed, she told me it was her name. Months later a mutual friend spoke of her to me with an accent on the surname that altered the sound entirely, and not as its owner, evidently wished.

"You mean Miss Lynette?" I said hesitatingly.

"Lynette nonsense!" the candid friend laughed. "Her name is plain Matilda ——."

So in the bright brain were fanciful dreams of dainty heroines that Lynette of whom Tennyson sang:

> "A damsel of high lineage, and a brow
> May blossom, and a cheek of apple blossom,
> Hawk eyes; and lightly was her slender nose
> Tip-tilted like the petal of a flower."

With my first operation came the introduction to my third American nurse and my first to an American hospital. In my four experiences of American hospitals, with the good care and skilful treatment I received well in mind, there was one defect that seemed unnecessary and easily remedied. I refer to the noise permitted—the loud talking, the unrestrained laughter, and the heavy footsteps of visitors. I grew to dread visiting hours because of their incessant noise. Surely notices requesting quietness would alter this condition, for people are usually eager to comply with any request for the comfort of the sick.

Banging doors were a source of disturbance, and on one occasion in a hospital accommodating about two hundred patients, a nurses' party was held, the breaking-up of which took place after 11 P.M., leaving at least one sick woman restless and unsettled for a long, wakeful night. My only thought is that the party could have been held in a private house or small hall, for I realise that no people need recreation more than nurses and members of the medical profession.

My third nurse was a superbly healthy and wholesome girl in appearance, and I knew as soon as I saw her that she had a kind heart. How nervous I was over the examination by the two surgeons! But when my new nurse gently took my hand and reassuringly patted it, I felt my courage return, for the little action said plainly to me: "I'll look after you; I know my business and will help you." And she did—when she wasn't away visiting with her sister nurses. The hospital happened to be the one from which Miss —— had graduated, and, as she explained to me, "It was like coming back home" for her to be there. She was engaged to be married to one of the visiting doctors and spent her unoccupied time hemming tablecloths and napkins. Quite a restful occupation as far as its effect upon me went, but my enthusiastic bride-to-be would run off to get opinions on how some particular corner should be fixed, and several hours would elapse before she would reappear. So I did not get time to more than make the acquaintance of my third

nurse, for even at night she slept so soundly and snored so determinedly that I would finally give up my weak and generally ineffectual attempts to arouse her. But once awake my nurse was willing, patient, and anxious to do anything to make me comfortable. So the kindness, mixed with a little thoughtlessness, made me forget much of the latter, and in my mind stays the reassuring action, that helped me to take courage.

For the next operation I did not have a special nurse. Funds were getting low, and it was thought that I could get along without one. One night I wanted some buttermilk or something that would take away the sinking sensation one experiences on a milk and soup diet, but the nurse on duty was unusually busy. Her soft shoes seemed to run up and down that corridor all night long. I rang once, but my bell remained unanswered. So the weary hours dragged on and 6 A.M. came. Round the door came the nurse's face. "Did you have any nourishment last night?" The tone was short and sharp. "You were too busy," my voice apologetically said. "Well, if you won't ask, you must go without," and away she whisked. Of course a few briny drops rolled onto my pillow. I knew she was tired and so was I.

One of the day nurses in that big institution was a gentle little Sister of Mercy. Just a girl, apparently, and with a heart of fun that belied the solemn appearance of her dark draperies. It was a jest between us that I was an infant in her care, and my husband never failed to be spoken of as "your father," by the little Sister.

Good words must be written of my last nurse, the one who left me on the road to recovery after the fourth, and, we hope, final operation. A girl without striking personality, but quiet, gentle, helpful, and faithful. The last attribute is the best of all. Money does not pay for such service.

REPORT ON PRELIMINARY TRAINING*

By MISS VAN LANSCHOT HUBRECHT
Secretary of the Committee

At the International Congress of Nurses held in London, July, 1909, Mrs. Hampton Robb read a paper on "The International Educational Standard for Nurses." She said among other things:

"While attending a special meeting of the International Council in

* Read at the International Council of Nurses, Cologne, Germany, August, 1912.

Paris and while listening to the papers and discussions on the various problems connected with nursing, both in public and private, I was naturally at once struck by the fact that speakers and listeners were handicapped because they had difficulty in understanding the various foreign languages. But later it became evident to me that we were still more seriously hampered by the lack of a common nursing language. I mean by this that the methods and the ways of regarding nursing problems were, in many respects, as foreign to the various delegations as were the actual languages, and the thought occurred to me, that if we ever hoped to gain any marked, definite advancement from these international gatherings, if we hoped ever actually to realize the aims of the International Council, one of which is 'To confer upon questions relating to the welfare of their patients,' sooner or later we must put ourselves upon a common basis and work out what may be termed a 'nursing Esperanto' which would, in the course of time, give us a universal nursing language and universal methods for all our affiliated countries."

A direct result of this paper was that on July 25, 1909, a meeting of the presidents and delegates of the affiliated countries was held at the home of Mrs. Bedford Fenwick, in London, in order to form a standing committee which should report at each triennial meeting of the Council.

After an interesting discussion it was decided to institute a series of inquiries into training methods and that the first one should cover the following points: 1. The usual age at which probationers are received for training in hospitals. 2. The standard of general education required of candidates. 3. Preliminary training given to probationers; whether any regular preliminary course was given, and, if so, what it included and how long a time it lasted.

Mrs. Hampton Robb was unanimously elected chairman and it was first agreed that she should choose a secretary from among her own countrywomen. Some time afterward, I read a notice in the *British Journal of Nursing* stating that Mrs. Hampton Robb would prefer having a secretary in Europe. I offered my services, little dreaming that I should so soon stand alone for this, through the tragic death of Mrs. Robb. It is impossible for me, being a foreigner, to do full justice to her great qualities, but I am glad to have this opportunity of bringing a tribute to her memory. The two occasions upon which I had the honor and pleasure of meeting her gave me a vivid impression of her noble personality. The death of that broad-minded and lovable woman is an irreparable loss for the International Nurses' Council and casts a shadow over this meeting.

But the work had to be done. In co-operation with Sister Agnes Karll and Miss Dock, a questionnaire dealing only with the preliminary training of the probationer was drawn up. Our questions were as follows: 1. Is any preliminary training for nurses given in your country? 2. Is it given in the hospital (nurses training school) or outside in some other institution or institutions? 3. Do the pupils of the preliminary course live in the hospital (training school)? 4. How long does the preliminary training last? 5. What are the subjects taught? 6. Do the pupils pay for the preliminary course of training? 7. What are the qualifications required for admission?

This questionnaire was sent to the presidents of the seven countries affiliated with the International Council of Nurses. Their replies have been printed and distributed. From the replies we learn that in the United States, Canada, England, and Finland some preliminary training is given, while in Germany, Denmark, and Holland the probationers, immediately upon entering the hospital, are allowed to assume responsible bedside work although they are in complete ignorance of even the elements of nursing.

Let me make clear what is meant by preliminary training. It is not at all the education that a probationer may have enjoyed before entering the hospital, but it is an organized and specially supervised probation period after she has entered it, during which period she is prepared, to a certain extent, to approach the sick and begin her practical services to them without showing that awkwardness that comes from new surroundings and unfamiliar duties. In any other profession or handicraft the novice is never allowed to practice upon the most precious material, but is given material of little or no value. A nurse has only one kind of material to practice upon, but this is at the same time the most precious material on earth—the human body and the human soul. Should not then every precaution be taken to prevent needless suffering to the patients in the hospitals through the ignorance of the probationer? A preliminary training of some months under the guidance of qualified teachers will assist greatly toward removing this difficulty.

In our reports it will be seen that the time given to this preliminary training in different hospitals varies from two to four to six or seven weeks to six months. Also, the extent of theoretical study given during this time varies greatly. Some schools attempt to teach in the preliminary course all the theory which otherwise would extend over one or two or even three years' time, thus getting rid of all lectures and classwork after the preliminary course and giving bedside teaching only during the remainder of the course. Others give in the preliminary course the

most essential theory, that which lies at the beginnings of a nurse's work, and the most fundamental knowledge, such as anatomy, physiology, hygiene, the principles of bacteriology, the elements of the properties and effects of drugs, sick cookery, and household science, but they also continue theoretical instruction by lectures and classwork throughout the entire course of two or three years in close connection with the various branches of practical bedside work through which the pupil passes in rotation.

However the preliminary courses may vary in different training schools as to length and theoretical teaching, one feature is common to them all and all agree in this: that the pupils shall be taught outside of the wards and by practising upon each other, how to handle and bathe a sick person, how to make the bed, use and handle the many appliances of the sick room, carry out medical orders for treatment, go through procedures for surgical dressings and bandaging, and become familiar with the appearance and names of all the hospital apparatus. Only when they have mastered this elementary practical work of the hands and special senses are they placed in the wards and entrusted with duties at the bedside of the sick. This preliminary drill is the main purpose of the preliminary course, and schools have come to it because of the difficulty, especially in very large hospitals, of giving every probationer personal teaching and oversight of a sufficient nature, at the right moment, and for a long enough time. It is true that there are hospitals, *not too large*, where the nursing staff is so well organised that every probationer receives this personal teaching in an adequate degree in the wards from a ward sister, but such hospitals are rare and the probationers' instruction is too often unsystematic and irregular.

Miss Goodrich in her report has already said, and I fully agree with her, that what is needed at present is a preparatory course for teachers of nursing; but at least in some countries this can only be got when we have state registration. And I believe this really to be the first thing to agitate for when state registration has been obtained. The trained nurse at present entrusted with the education of the probationers is not fit for her task, since she has had no special training herself in this respect.

Therefore I propose the following conclusions to you as a result of this inquiry: 1. Preliminary training is desirable and is recommended, as it gives probationers a uniform preparation for their work by the bedside. 2. Six or seven weeks are regarded as too short a time in which to give much theoretical instruction, even in an elementary form, with preliminary training, and we suggest that only the elements of prac-

tical nursing, the principles of hygiene and sanitation and sick cookery can be satisfactorily taught in so short a time. 3. Theory should not be limited solely to the preliminary training, but in a suitable form, should accompany the practical work throughout the entire two or three years' course. 4. If it is desirable to limit theoretical teaching in anatomy, physiology, drugs and their actions, simple chemistry, bacteriology and hygiene as closely as possible to a preliminary period of time, such a period should be from three to six months long, and during this period the pupil might spend a part of every day in the wards. 5. State registration will help to form public standards and so make it easier for us to arrive at preparatory study for nurses, the training of nurse-teachers, graded work in training schools, and uniform preparation of probationers. 6. As the expense of a good preliminary course is prohibitive for many hospitals, central schools might conduct preparatory courses in co-operation with several hospitals.

HOURLY NURSING*

By CHARLOTTE S. WEST, R.N.
Graduate of Michael Reese Hospital, Chicago

Hourly nursing is a branch of our profession which the general public seems slow to understand. What the reasons for this can be, I scarcely know, for hourly nursing surely fills a long-felt need.

When I entered the field in April, 1909, it was comparatively unexplored in Chicago, and I was obliged in nearly every case to explain the meaning of the term. I must confess that at that time my knowledge of what the term implied was exceedingly limited. My first step in the venture, for venture it was, was to ask several of my friends in the profession for all special work that they might have, such as baths, surgical dressings, preparing for and assisting at operations, etc., during the summer, for I had taken a course in chiropody in New York and expected to devote my entire time to that work in the fall and hoped to tide myself over a dull season in that way. Much to my surprise, however, before the summer had passed, I had succeeded far beyond my highest expectations and was advised not to think of making a change, as there was a constantly growing demand for just such service as an hour or two of experienced care proved to be.

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* Read at the session on Private Duty Nursing of the American Nurses' Association, Chicago, June, 1912.

At that time I think one of my greatest difficulties was in knowing what would be a fair remuneration for my services, for much depended upon the distance travelled, the conveniences of the home, and the demands of the patient, in short, the exact time consumed on each case; but that has been partially overcome by making an average charge of one dollar and a half for the first hour and one dollar for each succeeding hour.

To the middle class hourly nursing is a great boon. For example, I have in mind a surgical case that I have had within the past year, where the patient had been in the hospital for five or six weeks after the operation at a weekly expense of over $75.00, which was more than his income. During the last week of his stay he was able to be up the greater part of the day. Through some source he heard of nursing by the hour and urged that he be allowed to go home and have his wound dressed there. I was called on the case and took care of him for three weeks, calling daily for a week, at a dollar and a half a call, or $10.50 per week instead of $75.00.

Many such cases should be quoted. A great deal of my work has been to succeed the trained nurse in the home, calling every day when necessary, giving the bath, making the bed or assisting the patient to dress, in fact, making her comfortable for the day. I have frequently been asked to call on a patient to decide whether a physician's services were necessary. It is needless to say that such calls, to my mind, were beyond the jurisdiction of the nurse and were cancelled.

Hourly nursing has suffered a marked decline within the past five years, due in part to the fact that patients are kept in the hospitals a much longer time during convalescence. In former years they were transferred to their homes and turned over to the care of the hourly nurse, which meant, in many cases, a daily call for from one to six weeks. This applies more particularly to obstetrical cases, which until a few years ago were cared for almost entirely in the homes, and it was not an uncommon thing for me to "sterilize" (my specialty) six days in the week and occasionally *twice* a day. At the present time a large majority of these cases are sent to the hospitals, whether rich or poor, thereby reducing the income of the hourly nurse.

This is also true of surgical work in general. I can recall the time when I had three major operations in the same home in less than two years, besides many minor operations, whereas now I do not average one of any kind in six months. I sometimes think the physicians and hospitals do not advertise the work sufficiently.

In spite of these facts, the work has many pleasant features. One

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is practically independent, for one's time is one's own, in a measure, and unless there is a "rush" it is nearly always possible to keep a day or part of a day free, by "doubling up" and working harder the next day. One of the greatest advantages is no night work or, at most, only an occasional night on duty. Then, too, one meets many delightful people in the course of the day, for you know that it is possible for anyone to be agreeable for an hour or two, and thus the hourly nurse escapes much that is unpleasant that sometimes falls to the lot of the poor nurse who is on duty for twenty-four hours. But do not imagine for one moment that hourly nursing has no drawbacks, for it has countless ones and if one thinks that by taking up this work, she is on an easy-going, get-rich-quick road, she will be greatly disappointed, for it is not possible to make more than a good, fair average income. There may be one or two record-breaking days, when you feel that the world is yours, followed by as many forced rest days while expenses go on without intermission. Car-fare, too, is an important item. A dollar dwindles to very small proportions after a busy day. Then, too, there is the wear and tear of travelling about the city, on foot much of the time, or on street cars, which is not unattended by danger both to life and limb, and I would strongly urge all nurses who intend to enter this interesting field of labor to take out accident insurance to protect against a rainy day. I would also suggest that they have some special work with which they are familiar, such as chiropody, massage, or something extra, to help out, when calls are few and far between.

THE ENFORCEMENT OF THE LAW*

By MARY B. BYRD, R.N.
Secretary of the State Board of Examiners of Colorado

The Colorado law is obligatory, and strange to relate I can say with truth that that law has been enforced. It is really rather a surprise to me in looking over the five years that I have experienced in trying to enforce it, that the thing has been done, namely, that every nurse who claims to be trained or a graduate must have a license in order to practice in the state of Colorado. Those states that have compulsory registration have rather a different matter to face than those where registration is

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*Abridged from the stenographer's notes of the Joint Session on State Registration of the American Nurses' Association and the Superintendents' Society, Chicago, June, 1912.

optional. It seems to me that to be the secretary of a board where there is optional registration would be the greatest bliss. I cannot imagine anything more pleasant than to sit in an office and have people come in and ask to be registered. We have to go out to them and oblige them to be registered, which makes it rather hard, but we feel that the advantages gained are great. I am going to tell briefly how it can be done as a practical matter.

The first step is to get in touch with every nurse who comes into the state, to find out whether she intends to practice as a graduate; because, mind you, she may be a nurse and may come to Colorado on her summer vacation, and unless we can prove that she is practising her profession as a graduate nurse the law cannot oblige her to be licensed. That is a matter that devolves upon the board to find out as soon as a nurse comes across the state limits. We must find out whether she is a graduate, whether she intends to practice as a graduate, whether she comes from a standard training school, whether she is eligible for registration with or without examination, in what year she was graduated, and all the data. That, together with her present address, is put down in a little red memorandum book and then there is a pause. That young woman must send her application blanks back to the school where she was trained, she must have a blank which we have the superintendent of the training school fill out in lieu of the diploma, because there has been a forged diploma presented to the Colorado board and, therefore, the board has felt a little shaky about diplomas ever since. The nurse must have two vouchers, who are graduates in good standing, to sign for her, etc. I will not give all the details, but suffice it to say that it takes some time to hear from her. After a lapse of time, if not heard from, she is sent a notice which runs:

> Miss Madam: Application blanks and copy of the state law requiring all who practise in Colorado as trained or graduate nurses to hold a license from this board were sent you on such and such a date. Since then nothing has been heard from you. Kindly file your application or cease practising as a trained or graduate nurse in Colorado. An answer to this letter stating your intentions is requested.
>
> (Signed) Secretary.

There follows another pause, and if a reply does not come in, a letter threatening prosecution is sent. The attitude of mind is shown by the replies to the first letter, that is, the letter that tells them to hurry and register. An application which has been tardy comes in, or perhaps the nurse will write and say, "You do not seem to know that I left

Colorado several weeks ago." The secretary had a letter from one young woman saying, "If you would use your gray matter more you would know that I have been in Salt Lake City for the last three weeks." The only addresses that are left with us are the temporary addresses of these birds of passage, nurses coming to Colorado for the sake of the climate. They get there and do not like the climate and go on to California, where the climate, I am told, is always delightful. The nurses also sometimes go back. At any rate there are a great number of nurses who come and tarry but a very little while and then go on and are very much surprised that we try to hunt them up by hook and crook, by registered letter and telephone messages to places where we still think they are,—where they were when we last heard. Very often a nurse will send word that she is a practical nurse and the law of Colorado does not bother a practical nurse. It does not interfere with the nurse as long as she does not try to sail under false colors.

The term delinquents signifies those to whom more than one notice to register has been sent. Lists of delinquents from April, 1911, to April, 1912, 117. Of these, 39 applications have been received. These were the tardy ones who hastened to come in. Those who have left Colorado, 37; pupils who have given up training or not yet been graduated, 19; practical nurses, 10; not nursing, 6; letters returned not heard from, 6.

The question in the minds of a great many people is how we get the names of nurses who come into the state. That is not so difficult as one might think, because there are, in the first place, 1944 nurses who have been registered in Colorado, and of these a large percentage are still in Colorado and are very loyal about seeing that our law is upheld. They write the board letters saying, "So and so has come. Do you know about her?" Then the secretary is instructed and sends application blanks.

There is also quite a large number of nurses who report others from the very human motive of itching to see everybody get into the same discipline that they themselves have to submit to. Very often nurses who have been delinquent and have held out, when they once come in and are converted, make the most zealous people in getting others. They feel, "Now I myself have been haled into the registration willy nilly and I will see that everybody else gets into the same trouble."

The attitude of the doctors used to be, for quite a long time, one of rather amused indifference; but every year the doctors are getting more and more helpful, I think probably from their kindness of heart and also because the superintendents of training schools have been

urgently requested only to admit as special nurses those who are registered or whose registration is pending. When a doctor finds that he cannot take a nurse into a hospital on his special case, that makes him pay a little more attention to registration work, so that the superintendents of nurses who uphold the board's work and the registration act have helped us very much with the medical fraternity, and the medical fraternity have helped of their own interest and kindness.

The registrars of local directories have also been very helpful. There are several in Colorado and they send word always, when a nurse applies to the directory if there is any doubt about her having been registered with the State Board of Nurse Examiners. Advertisements are carefully watched in the papers, and it is remarkable to see how greatly the number of nurses who apply for work through the papers has lessened. There used to be a great number and now there are—well, perhaps several Sundays will pass without there being more than one or two. Pupil nurses from training schools are kept track of and are notified about the time they are to graduate and are sent application blanks.

In all these ways we manage to keep track of the nurses who come into the state. In spite of it, in spite of all the outposts and the vigilant upholders of the law, in Denver, in the capital city, under the very nose of the secretary, nurses sometimes get a case without a license.

We cannot say that every nurse in Colorado is registered. We can say truthfully that the few who come and nurse without having a license are becoming fewer and fewer each year. Because these cases come to the notice of the board, we know that they exist, but almost every one is brought, by one of the means that I have spoken of, to the board's attention sooner or later.

The little towns are a very difficult problem. Distances are very great and it is tremendously difficult for the board members to get to all the towns and give the close personal supervision that is necessary. It means visiting, it means personal touch with the superintendents of schools and with the doctors of the little towns, and finding out and trying to keep track of them. Nurses slip in and slip out and sometimes will be there for quite a length of time without anyone's hearing of them. It means going to the local druggist, going to the doctors, going to the hotel clerk, getting lists of all women who are nurses, either practical or claiming to be graduate nurses. It means hunting up directories, hunting up telephone directories and then interviewing personally all these nurses. It means sometimes long trips out into the country.

A great number claim to be trained who have had, perhaps, one or two years' training in some of the schools, but the law interprets the

word "trained" as synonymous with "graduate" or "registered," *e.g.*, a graduate, trained or registered nurse. When it is pointed out to these young women who have had a little training, that they must not call themselves trained unless they are graduate nurses, they almost always cease. That is enough for them.

The board in the early days employed its own lawyer, but we found that there were many threatening letters to be written and many points to be taken up, so that the board was unable to employ its own lawyer and pay him, as well as defray the other expenses from the fees. A large fee would seem to be necessary with the compulsory law. In order to carry out the provisions of the law one must have the sinews of war, as it were, in the shape of funds.

Later the Colorado board was informed that it must have the state attorney-general as counsel; and as the law by now has become pretty well established and there are fewer threatening epistles to be written, we find that the attorney-general's office gives us very good backing and all that is necessary. Sometimes nurses try to bring pressure, both medical, legal, and political, in order to have the board grant them licenses. In every case in which that has been done, where the board has refused a license and pressure has been brought to bear, the board has been upheld. It has felt that it was right, that it was protecting the public, and in every instance, so far, it has been able to abide by its decision and withhold a license. In one instance the governor of the state admonished the board and expostulated with the board but the attitude has been, and it seems to work very well, that the board has a duty of protection to the public as well as to the individual nurse, and that by withholding such and such a license the public is protected. That has served to silence so far every adverse criticism.

The Colorado board has never had a lawsuit. It has been rather anxious to have a good lawsuit, because a suit well won would minimize immensely the work of the board in hunting up the delinquents. It would further the operation of the registration act enormously. But so far, at the eleventh hour, every dilatory person has come in and complied. We have never had one who absolutely refused, although it has been sometimes on the very brink of prosecution.

In case of pressing a prosecution I think it would rest always with the district attorney. The state does not institute the prosecution. That is, the board for the state collects the evidence and presents such evidence to the district attorney who has jurisdiction over the district in which the nurse has violated the law. Then it goes to trial by jury, and in trial by jury the evidence must be examine-

ing; so that the board has been warned that we must be careful not to prosecute unless the evidence is very full, explicit, and definite. If any of you have ever tried to collect evidence you will know just what that means. It means going to Mrs. So-and-So and saying, "You had a nurse, Miss B., on your case. Did she take care of your husband as a trained or graduate nurse?" And the lady will say: "Why, bless me, I don't know. We supposed she was a trained nurse. We paid her twenty-five dollars a week. I couldn't be positive now that she claimed to be, but we supposed she was. Yes, I think she said she was." "Would you be willing to sign a written statement to that effect?" "Oh, no, indeed, I wouldn't sign a written statement." And of course one understands how these people feel. You and I would not be willing to sign a written statement damaging a person's character or affecting her livelihood. So I wish to warn the members of the boards that that is where the danger lies in prosecution. The district attorney is going to look out for the pocketbook of his district and he is not going to bring a case that he is apt to lose. Also, on a higher ground than that, the state attorney has cautioned the board that it must not try to punish by prosecution, that the object is, in one sense, to make the law a pioneer in educating the people and in teaching them what trained nursing means, what registration means; and for that reason we are trying to avoid it.

In regard to the advantages of the registration law, I was formerly not so enthusiastic about the law as I am now. I could not see exactly, when I was first registered, what the active people who were getting it up found so beneficial, but under our own experience the advantages have been the exposing of practical nurses, nurses who sail under false colors, who get out and put on a cap and uniform and pass themselves off as graduate nurses, who when they were obliged to show their credentials, could not. I know a number of such women who, when compulsory registration went into effect, could not face the music and preferred to leave the state. The correspondence schools, of mushroom growth, one of which we had in Colorado, have been put out of existence, I am happy to say, we hope by registration. Four little hospitals that had inadequate training schools have been obliged to give them up. Their nurses could not pass the state examinations. Four hospitals in Denver have installed teachers (of these, three had the matron instructor of nurses), in order to equip their pupil nurses to pass the state examination. Two schools where pupils came and failed to pass have changed superintendents in order to give their pupils better instruction. Hospitals have been obliged to take this stand because, disregarding the pride, if the training school graduate cannot get a license

and, therefore, cannot practice her profession, it forces that school either to raise its standard or go begging for applicants. The law has raised the standard as the minimum measure for hospitals and the hospital has improved the training for the nurses in order to get its work done rather than abolish the school.

The personal and professional standing of every nurse who comes into the state is looked up, and the personal and professional standing of her vouchers and of her hospital. I wish to thank most cordially the secretaries and the superintendents of hospitals and the secretaries of other states who have helped us in enforcing our law by answering these letters. I have a very lively notion of what trouble it is to a very busy superintendent to answer the letters, but her doing so has meant helping to enforce the registration law.

VISITING OBSTETRICAL SERVICE IN MANILA

By CONSUELO GLORIA
Graduate of St. Paul's Hospital Training School for Nurses

Visiting obstetrical nursing was introduced in Manila in April, 1910, by the College of Medicine and Surgery, University of the Philippines, through the initiative of Dr. William B. Musgrave, for the benefit of the poor women, who were dying, because of the practices of ignorant midwives; for the decrease in infant mortality, which is greater in Manila than any other city of the world; and for the purpose of furnishing material for the proper education of students of medicine and of nursing.

This service is considered to be one of the important undertakings of the American Government in the Philippines and as a result of its work more women have been confined in hospitals than during the preceding three centuries of Spanish rule. Most of the Filipino people have the midwifery customs and spirit, and when we consider the methods of these women it is surprising that the custom has been allowed to continue. However, in spite of the crude and dirty method of these midwives, the poorer classes of women in the Philippines having always been attended in their confinement by them, cling to their old customs, and can rarely be persuaded to accept the services of an educated and experienced obstetrical nurse in her stead. On one occasion, shortly after the visiting obstetrical department was started, we were called by a patient's neighbor to assist a very bad case of placenta previa, in which the woman was bleeding profusely. The patient was alone, lying on the

floor in the house, her only companions being a pig and two cocks. There was no basin or even water with which to wash our hands. We begged and tried to get her to come to the hospital, but unfortunately she refused us obstinately and at first refused to be attended by us, for she insisted that we were killing people. Then she said to us, "I live in midwifery's help and I will die in midwifery." At last, however, we persuaded her to allow us to take care of her. Then we proceeded to do the best we could under the awful condition in her home, and by the help of Providence the patient recovered without having any infection.

Midwifery in the Philippines has been in practice since the days of our earliest ancestors, and the same customs are passed on from generation to generation, and are still practiced by most of the poor people, especially in the provinces. Most of the midwives are mean, unclean, and ignorant old women, who have had experience in delivering one or two cases only. There are men also, who act as midwives, I myself saw two of them practicing midwifery. Midwives are paid very poorly and sometimes get only a chicken or a bunch of bananas for their work. They believe in many superstitions, one of which may interest you a little.

A pregnant woman's mind always is worried and confused for it is believed that at nights in nipa houses the "asuang" goes under the houses and tries to eat the fetus in the mother's abdomen. When the "asuang" is nearest to the pregnant woman, a bird called "tic-tic" announces its coming by singing many times "tic-tic," so that the victim may prepare for her fate. In most houses is found the "buntotpagui." They say that it is used for whipping the "asuang" to terrify him. Some people put a lamp under the house, so that they may see the coming of the "asuang." When the patient is near to full term the midwife puts garlic to her axilla, and other folds of the body for it is thought to be an enemy of the "asuang," on account of its characteristic odor. When the pregnant woman goes out to the fields at night, she hangs her hair down, because it is thought that the "asuang" fears the hair. She is not allowed to eat much rice, for it is believed that this practice makes the abdomen large and the baby will be born covered with sweet vernix caseosa.

"Asuang" is a Tagalog name given to an imaginary human being, who is credited with having eaten the liver or body of a human being. This is a very real superstition to many of the old people, and to some of the young people, till a few years ago. The characteristics of the "asuang" are: (1) It goes without clothes. (2) Puts all in its axilla as its symbol. (3) It can transform itself into any animal, except the sheep. Its custom is to fly at nights watching for pregnant women.

During labor the midwife puts a very tight binder around the patient's waist for the purpose of easing her breathing and to increase the strength of the uterine contractions. She rubs the folds of the patient's body with some cocoanut oil mixed with crushed garlic, which has been passed over fire, and gives her as much food as possible; such as kaon-kaon, a Tagalog word for rice cooked with plenty of water. She examines the patient internally without any preliminary antiseptic precautions, not even washing her dirty hands.

In the first stage of a labor a forcible downward pressure over the fundus is made by the midwife, who at the same time utters words calculated to expel the fetus at once, even though it is not yet time for the delivery to take place. This practice when carried to extremes, often is the cause of bad cases of prolapse of the uterine cervix. The parturient is given a decoction of spices, mainly canela, a native plant bark, which is supposed to increase uterine contraction, and her hair is knotted up by the midwife with a handkerchief.

The child is delivered under a dirty covering, for it is believed if air should come in contact with the internal genitalia it will be crazy.

If, at the end of five minutes after the child is born, the placenta is not expelled, the midwife pulls the cord, which sometimes breaks, and the placenta remains inside the uterus. I can recall cases in which the mother was dying of the bleeding, when we arrived, as a result of this practice.

During the puerperium, the parturient is told not to drink cold water but warm water, or some decoction of sarsaparilla. She is not allowed to nurse the baby during the first four days. The midwife gives a douche once daily with a decoction of guava leaves, which is an astringent, but the patient is not allowed to take a bath, until the fortieth day after the delivery, when she is given a full bath of tea made from the leaves of "sampaloc," a native tree commonly known throughout the islands. In some towns leaves of twelve kinds are used in the bath, each variety having its meaning, such as happiness, good fortune, etc. . . . The parturient is allowed to walk around the day following confinement. Many of our patients, delivered in their homes and carefully instructed, are found at the next day's visit to be up and washing the baby's diapers. It is necessary to repeat our instructions again and again, with much patience and smiles in order not to antagonize the patients, their friends, and relatives.

The baby's cord is cut by the midwife without any regard to asepsis. The cord is cut long enough to reach the baby's mouth, because it is believed that by this means it will be lucky and will have good fortunes

and that food never will be lacking. Some midwives use holes for cutting the cord under the belief that by this practice the baby will be a warrior. Some do not use a sharp instrument, but sever the cord by burning it in the light of the candle. The cord is dressed with Chinese paper or any old cloth with a hole cut in the middle for the insertion of the stump. The cord dressing is powdered with tobacco ashes, or ashes of the cocoanut shell, or ashes from the kitchen stove.

The baby is not allowed to take the colostrum of the mother, but is given instead honey, tied up in a round cloth, shaped in the form of a nipple which it sucks. When the baby has hiccough the mother makes a kind of ball of some threads from his diaper. This ball is stuck on its forehead with saliva and is considered an infallible cure for this affection. In spite of the superstitions and bad practices of the midwives our work is beginning to be appreciated by these poor women, for many of them, who have had the assistance of the department in one confinement, call us again for their next. When once they have become accustomed to our nursing they cannot say enough in its praise.

EYE EXAMINATION, TREATMENT AND OPERATION

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(*Continued from Volume XII, page 1017.*)

OCULAR THERAPEUTICS

Cycloplegics.—Cycloplegics are agents which cause paralysis of the ciliary muscle. A cycloplegic always produces dilatation of the pupil as well as placing the muscle of accommodation at rest. Atropine sulphate one per cent., the alkaloid of belladonna, is the most commonly employed mydriatic and cycloplegic. The effect lasts for a week to ten days. This drug is often used for examining the eyes of children for glasses, as well as in the treatment of ulcer of the cornea, scleritis, iritis, etc. Atropine should never be used in glaucoma. Homatropine hydrobromate one per cent. resembles atropine in its action (cycloplegic) but is not as strong. It is the one preparation used most extensively during examination for errors of refraction in all adults under forty years of age. The effects of homatropine last from thirty-six hours to forty-eight hours so that the patient cannot read during this period.

Myotics.—Myotics diminish the size of the pupil as well as lower intra-ocular tension. Myotics are used especially in the treatment of the disease glaucoma. The common myotics are eserine sulphate one-half of one per cent. and pilocarpine hydrochlorate one per cent. solution. Eserine sulphate is the stronger in action.

Supra-Renal Gland Preparations.—Preparation of the supra-renal glands of sheep called epinephrin is a valuable astringent and hemostatic. One drop of a 1–3000 or 1–5000 solution will very quickly blanch or whiten the conjunctival membrane of the eye by contracting the blood vessels. Preparations of the supra-renal gland stop capillary bleeding very quickly. It is made under the various trade names of adrenalin chloride (Parke, Davis & Co.), adrin (H. K. Mulford Co.), adrephrin (F. Stearns Co.), supra-renalin (Armour & Co.), etc. The nurse should always have a solution of epinephrin at hand in the operating room. The drug must be kept out of the light, as solutions turn pink on standing exposed to it.

Local Anesthetics.—The great majority of eye operations are performed under local cocaine anesthesia. A four per cent. solution of cocaine hydrochlorate is dropped into the eye with an eye dropper, one drop every two or three minutes for three or four doses. An additional drop of cocaine may be repeated at any time during the operation if the part is not insensible to pain. Stronger solutions than the above are rarely necessary. Often the request is made that the cocaine solution be previously sterilized by heat. Holocain one per cent. is also used for local anesthesia in the eye as well as eucain and stovain. Cocaine, besides being a local anesthetic, is also a mydriatic as it dilates the pupil but does not paralyze the muscle of accommodation.

PREPARATION OF HOME OPERATING ROOM AND NURSE'S DUTIES AT OPERATION WHERE A GENERAL ANÆSTHETIC IS REQUIRED.

In a private house, the room selected for an operation under ether or chloroform should, as a rule, be on the second floor, near the patient's bedroom and on the side of the house offering the best light. On a dark day, when natural light cannot be relied upon, the room may be darkened and an electric drop-light utilized. Where electricity is not available a gas or oil lamp may be allowed but if ether is used for the anæsthetic the flame should not be placed near the floor or very close to the operating table as *ether vapor is inflammable*. If the operation is to be done immediately the room should not be disturbed, but the floor and fixtures wiped with moistened cloths and the pictures and hangings covered with damp sheets wrung out of a solution of bichloride of mer-

cury 1–5000. Where the operation is not to be performed for a day or two it is then best to remove all the articles of furniture in the room and thoroughly scrub the floor and wipe the walls. An interval of twelve hours from the time of cleaning to that of the operation should give sufficient opportunity for dust to settle.

Aseptic Surgery.—Practically all infection can be traced to the introduction of bacteria into the body through some lesion of the skin or mucous membrane. The common source of wound infection is the so-called pyogenic bacteria in sufficient numbers to cause disturbances of sound healing. The success of this invasion is dependent upon several factors, such as the virulence of the germ, the condition of the soil, and, lastly, by what is termed the power of resistance of the individual. Patients worn out by disease yield more readily to infection than healthy persons. A nurse should use every means at her command to destroy or avoid bacteria. The dust and dirt of the streets are loaded with germ life of all kinds and in countless numbers. This vast army of bacterial flora is readily carried by air currents into every nook and corner of a building and deposited upon every exposed object including the clothes and body of individuals. It is no wonder, therefore, that the surface of the body should be a nidus for germs of all kinds as it is constantly coming into contact with dust, dirt, and air, all of which carry germ life. The word sepsis or putrefaction means a condition resulting from contamination by pyogenic bacteria. The term antisepsis is applied to the various methods for prohibiting them in their growth. It is the aim of modern surgery to treat wounds antiseptically.

Preparation for Operation.—A kitchen table makes an excellent operating table. It should be covered with a folded blanket over which a cotton or rubber sheet is spread. The head-rest or pillow should be flat and hardly more than a firm pad. Two small tables are to be provided, one for the instruments and the other for holding dressing materials such as cotton, gauze, sponges, a sterile pitcher containing a hot irrigating solution, a sterile rubber-bulb syringe, and a sterile basin for catching the irrigating fluid when used. Small minor operations naturally require less preparation, less space, and fewer materials than larger or major operations. Sterile towels must always be spread over the tables before anything is placed upon them. A small emergency-stand containing the anæsthetist's materials such as chloroform, hypodermic syringe, small bottle of brandy, strychnine sulphate, and such emergency instruments as a jaw separator and tongue forceps, should be provided. The anæsthetist will also require a chair or a low stool. The surgeon ordinarily brings his own sterile gowns, rubber gloves, instruments, suture materials, and dressings. Instruments are sterilized at the patient's

home by boiling for five minutes. A flat sterile dish of alcohol or five per cent. carbolic acid solution and a bowl of sterile water for rinsing purposes should be placed on the instrument-table. The surgeon and his assistants usually sterilize their hands in an adjoining room where there is hot and cold water. A cheap nail-brush for cleaning the finger-nails, bottle containing tincture of green soap, solution of bichloride of mercury, 1–5000, and a wash-bowl of boiled water should here be in readiness. A large waste-pail is finally placed on the floor near the operating-table for soiled sponges. The nurse should sterilize her hands and arms when everything is in readiness in order to be as clean as possible. Sterilization of the hands is an established measure and cannot be excused under any circumstances. This is particularly true in operations where the hands themselves actually come in contact with the operated parts or in contact with sterile dressing sponges. Sterilization of the hands consists in thoroughly scrubbing the hands and forearms with warm water and tincture of green soap for several minutes. Special attention must be given to the finger-nails. After scrubbing, the hands are immersed in a 1–5000 bichloride of mercury solution, finally rinsed in sterile water and dried by sterile towels.

Operative Field.—The following would seem a good arrangement for a general operative field. The operator usually stands at the right side of the patient with the instrument-table within easy reach. The anæsthetist and his small stand should be at the head of the patient. The surgeon's second table containing extra supplies such as sterile towels, dressings, hot irrigation solutions, etc., should be either on the left side of the operating-table accessible to the assistant or close to the instrument-table near the nurse. Articles picked up by the nurse should be handled in a sterile piece of gauze and not touched by the hands. As the hands are the usual source of surgical contamination, as few as possible should come in contact with the actual wound. Not only must each individual item in the surgeon's working equipment be germ free but also every individual assisting him should realize that a break in the chain of complete asepsis will result in wound infection. It cannot be emphasized too strongly that the slightest neglect to preserve surgical cleanliness at any stage of an operation is nothing short of criminal carelessness. Disinfectants and antiseptics of various kinds may be used freely both in preparing for the operation and in washing instruments and hands during the progress of the work. When an operation is being performed the door of the room should be closed and no one summoned from it. The nurse should take pains to follow out any line suggested by the operator such as preparing sponges, sponging the operative field, and should do her best toward anticipating supplies

which might possibly be required. Conversation is to be avoided. The nurse should see that a sufficient number of warm blankets have been provided to keep the patient warm. It is very important that the patient's bed be properly prepared for the reception of the patient before the operation and that the hot-water bottles are ready for use.

Post-Operative Care.—When the operation is finally completed, the anæsthetist and nurse should return the patient to bed. The nurse always remains until the patient is no longer under the influence of the anæsthetic. A pus basin should be at hand to catch material vomited. Moderate vomiting is the rule in cases of general anæsthesia from ether and chloroform and requires no particular attention except to keep the patient on his side so that the vomitus will flow out of the mouth into the pus basin. Should any foreign material be drawn into the larynx a blow on the back will help to dislodge it. The patient must not be allowed to thrash about and possibly injure himself while coming out of the anæsthetic and should never be left alone. Food and water as a rule are withheld for a couple of hours following operations under general anæsthesia.

BUSINESS AS SOCIAL WORK

Business men have an immense ministry to perform. They are supplying deep human needs. They are rendering service without which humanity would be poor indeed. And they have a chance which does not come to some of us of making money, which means power. By this means they multiply their personality many times. The man with wealth can command many lives. Wealth is the accumulated energy of multitudes of men. All this they can bring to bear upon the service of their fellows. And in so far as they command these larger resources and use them, they can win the larger gratitude and love of men.

The emphasis to-day is placed upon service. The question, how much is he worth? means how much is he worth to the community? How successful is he? means how much service does he render? It is just as exciting to play for this new stake, and more worth while. This service idea makes business romantic and industry epic. The business man may know something of the creator's joy for he is making those things which without him would not exist. He links himself with providence for he is meeting the daily needs of his fellowmen. He is a saviour of the waste of life and a redeemer from want. He is the greatest among us when he becomes the servant of all.—From an address delivered by Rev. Paul Moore Strayer to the City Club of Rochester, N. Y., and published in *The Common Good.*

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of the National Committee on Red Cross Nursing Service

THE RED CROSS BUILDING

ANNOUNCEMENT has already been made of the fund offered by the Loyal Legion for the erection of a Red Cross building in Washington as a memorial to the loyal women who shared in the hardships and sorrows of the Civil War and who worked so faithfully to alleviate the suffering of the sick and the wounded. A bill for an appropriation for the purchase of a suitable site for this memorial has been introduced in Congress. At a recent hearing on this bill, the Nursing Service was mentioned as an important department of the Red Cross, and, in speaking of the work already accomplished by the Committee on Red Cross Nursing Service, Miss Boardman said:

"They have organized a body of thirty-one state committees, eighty-one local committees, and over three thousand of the best trained nurses of the country, who are required to come up to the highest standard and who have promised in their agreement with the Red Cross that they will report for active service in time of war or disaster. They are not taken from nursing one sick person to send to another; but if unoccupied, or as soon as they are at liberty, they agree to respond to the call of the Red Cross. These nurses must be graduates of schools connected with general hospitals. They must present the highest recommendations and various credentials. It would seem as if the Red Cross would not have been able to secure any, so stringent were its requirements, notwithstanding which it has over three thousand enrolled. These nurses come for any Red Cross service for just half of their regular fees. They give fifty per cent. of their salaries, supporting themselves, as they have to do, for the sake of the Red Cross in time of war or in case of disaster.

"To show you how promptly the service works, I might mention that a year ago the surgeon-general asked for six nurses to send to the Mexican border. In about five hours' time the nurses were ready to start. They went to the border, and, from the confidential reports we have had from the surgeon-general's office, they have a fine record. The Red Cross had in the flooded district thirteen of these trained nurses and our reports of them were most satisfactory."

RED CROSS CHRISTMAS SEALS

THE National Agent and the American Red Cross have in past years been fortunate in receiving exceptional assistance from Visiting Nurses' Associations. In numerous instances, as organizations, they have acted as sub-agents for the sale of Red Cross seals and have achieved remarkable success. The trained nurse everywhere has been one of the most efficient as well as devoted workers in the Christmas seal campaign, and it is a pleasure to acknowledge our dependence upon their individual and associated efforts as well as our gratitude for their co-operation in the crusade of education we have undertaken. Last year they helped us sell the ninety-three million seals distributed for sale throughout the country. We again ask nurses to volunteer as an integral part of our army of over one hundred thousand persons who, during the month of next December, will be selling Red Cross Christmas seals.

In all probability over one hundred million Red Cross seals, bearing a jovial likeness of old St. Nick., surrounded by holly, will go on sale on November 25 in every important city in the Union. By December 15 every little hamlet in forty-two states will have seals on sale and educational matter in distribution. Everywhere the trained nurse will be found giving herself to this great anti-tuberculosis work. Practically all the money received from the sale of these seals is devoted to local prevention and relief. The American Red Cross gives its services, as do the nurses, in this great humanitarian movement.

We most urgently ask every trained nurse to assist us in making the sale of seals this year greater than ever before.

R. C. SAWORM,
Business Manager Sale of Red Cross Seals.

In commending to nurses the coming sale of Red Cross Christmas seals, we must earnestly express the hope that nowhere in the whole length and breadth of the country will a single nurse be found wearing her uniform in a public place, even in so worthy a cause.

RELIEF WORK IN WASHINGTON, D. C.

Two relief stations were established in Washington, D. C., during the celebration attendant on the unveiling of the Columbus Memorial, June 8 and 9. The District of Columbia Committee on Red Cross Nursing Service was asked to supply nurses for these stations and all necessary arrangements were placed in charge of the chairman, Anne J. Greenleaf.

One station was located near the monument, in front of the Union Station, and the other south of the War Department, where the memorial services were held. Fourteen nurses were on duty, and Miss Greenlees closes her report with these words:

"The cheerful willingness with which the enrolled nurses volunteer and respond to calls for Red Cross service makes the work of the committee a real pleasure."

FAMINE AND DISTRESS IN NICARAGUA

EVEN before the present revolutionary outbreak in Nicaragua there has been widespread hunger and distress there, due to the failure of crops and the financial drain upon the country. Under existing circumstances these conditions will undoubtedly continue for some time. Early in August, the Red Cross was asked by the Secretary of State if it was prepared to send supplies of rice, beans, corn, flour, and potatoes for distribution among the non-combatants in Nicaragua. Two thousand dollars have already been expended by the Red Cross in the purchase of food supplies, which have been shipped to Nicaragua on the United States transport *Justin* from Panama, and on the steamer *San Juan* from Belize.

OPEN AIR SCHOOLS SHOW RAPID GROWTH

WITH the opening of the fall school term, over 200 open air schools and fresh air classes for tuberculous and anæmic children, and also for all children in certain rooms and grades, will be in operation in various parts of the United States, according to a statement published by The National Association for the Study and Prevention of Tuberculosis.

All of these have been established since January, 1907, when the first institution of this character was opened in Providence, R. I.

Massachusetts now leads the states with 86 fresh air schools and classes for tuberculous, anæmic and other school children, Boston alone having over 30. New York comes next with 29, and Ohio is third with 21. Open air schools have now been established in nearly 50 cities in 19 different states.

NURSING IN MISSION STATIONS

SANCTUARY—HOW THE CHURCH MILITANT HELPED IN THE WAR OF THE REVOLUTION IN CHINA

BY MARY V. GLENTON, M.D.
Elizabeth Dunn Memorial Hospital, Wuchang, China

"Your swords into ploughshares, and your spears into pruninghooks."

CHINA is said to do everything in the opposite way; and she certainly reversed the above order on Tuesday, October 10, 1911, when she plunged herself into a fierce civil war, brother against brother, and son against father. The ploughshare and pruninghook she certainly understood, and with them could make a living out of the most hopelessly barren soil and frequently out of a patch of soil that seemed to be no bigger than a pocket handkerchief. The sword and the spear had become almost relics and she had settled down into a humdrum acquiescence to fate that was fast approaching drowsiness if not sleep; but children wake early and Young China awoke one morning, grasped the sword and spear, cleared house, and cut down at the door the weeds that were choking the nation out of existence. The stolid expressionless faces and emotionless voices are no more. China is to-day a land of living, alert, thinking, impassioned men, alive to the needs, the necessity, and the good of their country, and ready to serve her day and night without ceasing, and to die for her if need be.

After the taking of Wuchang by the Revolutionists, the first actual battle was on the arrival of the Imperialist troops at Hankow, October 18, St. Luke's Day. As we came out of church, the familiar gun-fire met our ears, and we were soon called to care for those who had fallen. How enthusiastic and earnest and happy they were, and how they loved their guns, taking them to bed as children do their toys at Christmas time and giving them up only under severe protest! One poor fellow, whose arm was badly shattered, groaned as piece after piece of bone was taken out, "Oh, how it hurts, oh, how it hurts; but never mind, we won!" Some of these boys were only sixteen years old and many had been soldiers late them forty-eight hours.

After a week or more of continuous fighting, every available spot was taken for hospital needs, the post office, large tea house, and finally our own cathedral. The cathedral, strange to say, went into use as a

hospital October 28, a great mission day. That was a dreadful day, the foreign women and children—nurses, doctors, and hospital helpers excepted—had been ordered on board the gunboat *Helena*, and most of the servants had gone on board a hulk provided for the purpose. The noise of cannon and the crash of firearms filled the air continually, and the peaceful little courtyard outside the cathedral school to the grooms of the wounded and the footsteps of their bearers. Shells whizzed over our heads and burst in our immediate neighborhood constantly, but the puzzle as to where to get materials with which to work was dominant over everything, and the effort to check persistent hemorrhage overshadowed the thought of stray bullets. One man who was bleeding profusely in spite of all efforts—the bullet had entered the cranium through his nostril—was put in a room of the Choir School, set aside for those who were likely to die during the night. He came back in the morning and demanded a bed, as he did not "want to stay in that room, nobody but dying men in there." He was given a bed and was discharged cured in a few days.

That night the Red Cross launch went down to Admiral Sah's gunboat and brought back a wounded gunner, a fine young man, and a cook's helper, a little lad, who had a silver dollar in his belt that stopped the bullet which otherwise would have pierced his body. The dollar was not broken but was badly bent, and the lad escaped injury and, save for a bad shaking-up, was more frightened than hurt. The gunner had a very bad wound. A bursting shell had broken both bones of his leg just below the knee and had ploughed up the soft parts pretty well. He was a very sick man for several days, but with careful dressing twice daily, he went off with only large scars to show for his part in the conflict, the joint, fortunately, having escaped injury.

November 1, All Saints Day, the Imperialists fired the city of Hankow. In it the wounded were bested up in the Wesleyan Hospital and the poor little boys in the David Hill School for the blind.

What a day that was! In our hearts were hope and prayer for their deliverance, coupled with sick horror at the thought of their terror; for the wounded it was awful enough, but for the blind it was an unseen foe. Several attempts were made to rescue them, but twenty-four hours passed before any was successful, then, miracle of miracles, the fire had surrounded them on all sides and had begun to scorch the very walls, when the wind changed and they were saved. On being asked as to their fears, they answered, "We prayed, and we know that God would save us." The fire swept—on, swept—down to the London Mission Hospital, so their patients had to be moved. The church was open to all that day and every pew was taken. The grandeur of the sky with its flaming

red on every side—for a Standard Oil tank was burning at the other end—was most awe-inspiring. The old, dirty-smelling native city was majestic in her death, beautiful and grand. The sickening odor of burnt flesh not only filled the air but permeated every corner of the houses, and through all, and over all, and above all were still the shriek of shells and the boom of cannon.

How we all, Chinese and foreign, showed our true selves, and I'm glad to say our best selves, at that time. Business men from the Concession came and offered to go on duty at night in the cathedral; the offer was accepted, too. Clothing, blankets, and steamer rugs were turned in for patients' use. The ladies of the community sewed on the machine all day long, for days at a time, making bedcovers and sheets. Rice, eggs, tea, condensed milk, and box after box of crackers were sent by the Chinese and the grocers. Nobody was too poor to have something to give.

When one Revolutionary regiment turned traitor and betrayed their brethren, the grief of the betrayed was pathetic, and from all sides of the hospital went up a piteous cry, "Chinese fought Chinese, Chinese fought Chinese, alas!" One little ex-patient was all that remained of the Wesleyan nurses. After their rescue they decided to stay rescued and kept clear of us. This youngster we dubbed "The Last of the Mohegans," quoting from "Just Folks." That name stuck to him clear through, nobody, clerical, medical, or lay, ever called him anything else.

Afterward came the fall of Han Yang and its terrors, when boat-loads of men, women, and children came down with the current, mangled, dead, and dying. Once more the cathedral came to the front, not only in the routine care of the wounded, but in succor to the distressed. Those who had not been wounded were plunged into the water, as their boats sank under them riddled with bullets. They gathered in the courtyard, shivering, while we changed their drenched garments for dry ones, gave them hot soup and hot tea, and afterward a hearty meal. The cathedral that night fed one hundred and twelve and housed over ninety wounded.

The Divinity School seniors were our best helpers through all. They acted as nurses, held services daily, carried stretchers, pulled jinrikishas, led the wounded to the hospital, looked after the dying, and with their own hands carried the dead to the funeral pyre. The bodies were all cremated.

Was ever church put to so strange a use, its pews used for hospital beds, its kneeling cushions for pillows, and its transept for laboratory and dressing-room? Was ever church before the scene of seventy-five to one hundred dressings daily? Was ever church more truly the House of God?

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE CONGRESS IN COLOGNE

Our Cologne Congress was launched with a new prestige, that of official notice. The German Foreign Office honored us by sending the programme with a formal invitation to every country to send delegates. Uncle Sam responded by saying that he regretted not sending a delegate, but the hospitals and other centres would be informed. The Canadian Government replied similarly and asked for five more programmes to give to the provincial governors. France and England also said they would cause the Congress to be made known, but Holland did not say this—only acknowledged the invitation. Belgium sent two official government-paid delegates, the only country that did so; Japan sent a reply expressing interest and saying that, though the government could send no official delegate, the Red Cross society of Japan would send a Red Cross Sister. Australia transmitted the notes of the nurses' associations. Five of the German cities, Berlin, Rheydt, Dortmund, Brandenburg, and Zeitz, sent as delegates matrons from hospitals, and two county councils, Erbach and Teltow, did the same.

As before mentioned, the city of Cologne made us its guests, giving without any charge the most beautiful and richly decorated mediæval building, the Gürzenich, for our meetings, and a public school building, the Marsellan Gymnasium, for the exhibit. At the opening of the exhibit representatives of the city and of the women's committee welcomed us, and on Sunday evening we were greeted by a representative of the government, Herr Geheimrath Dr. Bunsk, and again by Burgomeister Krautwig, of Cologne. As also mentioned, the city of Cologne entertained us at a most charming garden-party in the public gardens, lowered our carfares to a nominal rate, and gave us free entrance to all public buildings. Open-handed hospitality that did indeed seem to come from the heart was our grateful meed. A feature peculiar to Germany, which made our Congress unique, was the glorious music which accompanied us everywhere, making one feel as though one were part of a triumphal procession.

The living pictures on Sunday evening were so rapturously received that they were repeated on Wednesday evening. They were a work of art, composed and perfected by artists, steeped in legend, poetry, and symbolism and set to music. Especially interesting historical figures in the last scene were Phebe of Cenchrea, the first deaconess, draped in soft white with gold circlet (Miss Beatrice Kent); Queen Philippa, in

royal robes and crown (Mrs. Manson, Mrs. Fenwick's sister-in-law, and a lineal descendant of Queen Philippa); An Augustinian Choir Sister (Miss Macvitie); St. Hildegarde and St. Gertraudis (Miss Sophie von Ehrenwall and Sister Clara Weidemann), and Alyke von Tümpling (1260 A.D.), who was also represented by her descendant and namesake, one of the German nurses; Jeanne Mance, of Canada, beautifully represented (Miss Des Brisay), and other mediæval saints.

One of the most captivating of the modern figures was Sister Rabere (Miss Clara Lee), in her big apron and two-story shirred cap, copied to the life from the illustration in St. Bartholomew's Hospital. Really, if those old nurses of seventy years ago were like that, one cannot blame the doctors for vehemently resisting their transmigration.

To the disappointment of all, the lamented death of the Emperor of Japan prevented the Japanese nurses from taking part in the pageant, as they had expected to. Regrettably, too, a native Indian nurse's dress sent from Bombay did not come in time to be worn.

In the midst of gayety and rejoicings there were thoughts sent to those whom we missed: Miss Baxter and Miss Turton and Miss Snell could not come from Italy, nor Miss Elston, Dr. Hamilton, or Mme. Kriegk from Bordeaux on account of illness. We missed Mme. Mannerheim, Miss Hibbard, and the Cubans, Miss Hubrecht, Miss Huxley, the Hon. Albinia Broderick, and Lady Hermione Blackwood. Even more we missed those who can never come back, for whom Sister Agnes, next day, spoke beautiful words of memorial, while the organ played a low chorale.

But some came who have never come before, and many others came back: Miss Meredith Hart, from Roberts College Infirmary, Constantinople; Miss J. Child, our honorary vice-president from South Africa; Sister Emmy Oser from Zurich, who was elected honorary vice-president from that country; Sister Emmy Lindhagen, President of the Swedish Nurses' Association; Mrs. Olga Lackstrom, editor of *Epione;* Miss Graham, secretary of the Scottish Matrons' Council; Miss Pearse, superintendent of school nurses in London, and many other old friends.

In addition to our honorary vice-president from Japan, Miss Take Hagiwara, there came another Red Cross Sister, Miss Yamamoto, and the head of a new training school in a new hospital, Miss Watatani, of the Mitsui Charity Hospital, which we shall tell more of later.

From Italy came three charming young Contessas, all volunteers under the Red Cross.

For the first time nurses came from Austria, and of these, too, we shall have more to say later, for they herald a new era (probably) in that backward land. There were six in all, young, intelligent, modern.

We even had two Russian nurses, Sister Emma Grabowski and Sister Dora Salomé, of St. Petersburg, also modern, attractive, and young. The colored nurses' national association of the United States sent two fraternal delegates, Miss Samuels and Mrs. Williams, and a great number of American and British alumnæ and leagues sent fraternal delegates. Miss Alva Greenschlager, Chicago, and Miss Marie Lautnauer, of Louisville, Kentucky, read the German translations of the American papers, while Miss Kent and Miss Mollett, of England, wrote and read their papers in German.

At the banquet Mrs. Fenwick put forth one of her mind-flashes, which will, no doubt, prove to be as far-reaching and potent as her inspiration about international organization. It was a proposition to nurses to found a suitable memorial to Miss Nightingale of an educational character. Next month we shall say more of this.

The most epoch-making of the Congress papers was read by Dr. Hecker, of Strassburg, who is a government official, on overstrain and exhaustion of nurses. It will be printed as a pamphlet in several languages.

The trips to Kaiserswerth, Neuenahr, and Ahrweiler we must leave for another time, as we lack space now to do them justice.

Besides the resolutions of the Council, printed last month in our official news, the Congress as a whole passed three others; one, condemning the system of overwork which prematurely ruins the health of nurses in some continental countries, and calling upon hospital authorities to give it consideration; one affirming the proper position of the matron in training school and hospital, and one asking the International Council to use its influence to stimulate inquiries into the conditions of nursing and of nurses' lives in the affiliated countries.

Miss Hubrecht, though overworked and ill, has founded a new society in Holland on the lines of the one in England, to work solely for state registration. It takes the laity into membership as well as nurses and physicians. It is active and has already over three hundred members.

Miss Hubrecht has also, as president of Nosokomos, succeeded in opening headquarters for that society with its journal. Miss Diem Van Rijn is in charge. The office is at 12, Von Eghem Str., Amsterdam. The Dutch nurses are keen suffragists, as they see no hope of improving their status until women vote.

The exhibit in the Marsellan Gymnasium was extremely interesting and was well attended, not only by Congress members, whose tickets admitted them free, but by a general public, paying about six cents admission fee.

Among the commercial exhibits, one of the most taking was that of the Utermöhlen surgical supply company of Holland, which puts up

enormous quantities of Red Cross supplies, making it a science to compress much into little. This firm invented the sterile pad and bandage which is so folded that by the soldier's taking hold of the two ends and stretching them a clean, fresh surface is applied to the wound. This Holland factory is a model. Its employees, largely women and girls, work only seven hours a day, that being considered enough for such exacting work which suffers if not perfectly done. Might not Holland and Germany take a lesson here as to nursing? Patients are surely as exacting as bandages.

There were many models of nurses' uniforms, among them "Reform Dress."

The German and British nurses had practically all the professional exhibits. Both were extensive and admirable, costing much thought and preparation. The Swedish and Danish nurses, however, sent some uniforms and water-color sketches of hospital nurses which were very attractive.

The British nurses showed appliances and nursing devices, dolls in uniform, photographs, and posters used in popular health lectures. Canada sent a full set of charts showing the dental work in public school inspection.

The German nurses showed the work of nurses as pathological laboratory assistants and instructors; charts and statistics showing morbidity and mortality among nurses; photographs, and literature. All the nursing magazines were on hand, and a set of illustrations from the "History of Nursing."

Of great interest was the exhibit of the nursing work of German religious orders, which had been shown also at Dresden. A large chart showed sixty-four orders of Catholic nuns doing nursing as well as other work, in all, 26,000, in 1910. Many are Franciscans, a very hard-working, practical, efficient order. Photographs of their nursing showed that they had three kinds of garb, the usual nun's dress for general purposes, a ward uniform for hospitals, mostly white, and an operating-room dress entirely of white. The Franciscans have war medals from 1864, 1870, and the Boer War. There were many fine photographs of new and well-equipped hospitals under the care of nuns, and some splendid figures of Mother Superiors, strong, able, forceful, and imposing. There was also a chart showing eight Catholic societies for training secular nurses, with, in 1910, 833 nurses. There is probably a great field for the German Catholic orders in opening secular schools for nurses, and we may believe that from this point of view a paper written for the Congress by the Sisters of Mercy in Chicago describing their training school methods, and which will be translated into German, may be of epoch-making importance.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

EDNA L. FOLEY, R.N.

[To keep this department up-to-date and helpfully interesting, nurses in social work of every description and superintendents of district nursing associations are asked to put the address of its editor—104 South Michigan Avenue, Chicago—on their mailing files for items, clippings, and annual reports.]

WITH the present spirit of co-operation abroad in the land, it is perhaps not surprising but still very gratifying to a visiting nurse association to receive requests to look up patients from out of town. Two such requests came recently from cities in Ohio to the Visiting Nurse Association of Chicago. One was from the superintendent of a large visiting nurse association, asking that one of its chronic patients, who had the good fortune to visit relatives in Chicago, be booked for a twice-a-week dressing which she could not possibly do herself. About two days after the letter was received, the patient herself telephoned to the office to leave her address and ask for a nurse. The trip was indeed a treat for the little old lady, and she could not have taken it had it not been for the foresight of her local visiting nurse and the work of the visiting nurses in the city of her relatives. The second letter for a nurse came from a laywoman in a town not possessing a visiting nurse association, but she evidently knew what they stand for. Her letter described the plight of a young couple, but recently removed to Chicago, who were expecting an increase in their family very shortly. The young woman was described as an "ignorant young thing" and much in need of instruction. She proved to be a scared little woman, very unprepared for her approaching trial, and most grateful for help and suggestions. Requests for the nurses' services come in daily from many unexpected local sources, but of late years the out-of-town calls have been increasing. By using Miss Waters' directory, nurses can find out about local associations in other cities and thus make sure that their patients are watched in their new homes. This is particularly important in the case of itinerant consumptives, who should not travel from state to state but who cannot be dissuaded from

so doing. Where there is no visiting nurse association, the Health Department should be notified in this class of cases, but with the extension of visiting nursing, we usually find an association in cities large enough to attract our patients.

ITEMS

ILLINOIS.—The Visiting Nurse Association of Chicago has this past summer been in charge of the nine baby tents supported by the Elizabeth McCormick Memorial Fund. These tents are maintained in the congested quarters of the city for the babies who succumb so quickly to the combined effects of the summer's heat and a questionable milk supply. A new system of records and accounting was put into effect and two special nurses were appointed to do follow-up work in the homes of all the babies. The results have been very gratifying, for, in spite of an unusually cool summer, many babies have been very ill. Mrs. M. Pearl Ringland, of the Visiting Nurse Association staff, has been in charge of the tents.

CECILIA EVANS (Mary Thompson Hospital), has resigned from the staff of the Visiting Nurse Association of Chicago to enter the course in Nursing and Health at Teachers' College, Columbia, this fall.

THE UNITED CHARITIES of Chicago has maintained a camp this summer at Joliet, Ill., for pre-tuberculous children. Frances Davenport, of the Municipal Tuberculosis Nurses, has been in charge of the children.

ELLEN PARSONS, social service worker for the Presbyterian Hospital of Chicago, has returned from a long European trip.

THROUGH the efforts of the Women's City Club of Chicago and the Collegiate Alumnæ, a vocational bureau for children over fourteen years of age has been investigating, during the past year, the trades open to children. For some months past, the director and her assistant have been trying to fit the children who apply to them into positions that promise a steady means of livelihood in the future. In this way, it is hoped that children will no longer be forced into blind-alley occupations which pay so well for the inexperienced child of fifteen, but mean nothing for the worker of seventeen or eighteen. One of the tuberculosis nurses was able, through this bureau, to get positions that promised very well for several children from families in which there were cases of tuberculosis. To her great disappointment, she found that none of the children seemed to have any sticking qualities after they had worked a few weeks. A special investigation of one case, a boy, the oldest of seven, whose father had tuberculosis, re-

veiled the fact that Patrick was ashamed to return to work, because all the other boys in the office had better clothes and laughed at his. The promise of a new suit helped some, but still Patrick was unwilling to work. Finally he acknowledged that work had no charms for him, because it didn't mean anything but delivering his weekly pay envelope to his mother; it didn't even mean anything better to eat. Patrick's dietary at home consisted of bread and coffee for breakfast, bread and potatoes and tea for supper, with meat occasionally, vegetables almost never. The little cottage was heavily mortgaged and much of the family income went to pay the interest. As the oldest child, Patrick, at fourteen, had been taken from the sixth grade and put to work, patient questioning disclosed that Patrick had held three other jobs since that time and this present one, and the habit of "quitting" had been thoroughly acquired. He never went back to this promising position and is still intermittently engaged at odd times. How much of this inability to stay put is due to his family failings and lack of health and how much of it may be traced to the weakened powers of resistance and determination in the undernourished, adolescent boy, it would be hard to decide; but one lesson may be derived from the story of this failure—to urge upon the parents in our families the value of school work for the boys and girls under sixteen years of age. No one gets into more intimate touch with these families than do the visiting nurses from school and clinic, and while the children are growing up under their frequent, if not daily, supervision, the time is ripe to teach, besides hygiene and simplified food-values, the secret of a happy future life for these little ones—work for which they are well prepared by both school and the home.

Connecticut.—The Hartford Visiting Nurse Association has maintained a day camp for children all summer in a wooded farm, about three minutes' walk from the terminal of the street-car line. The buildings consisted of a pavilion, where the piano was the centre of attraction, a kitchen tent, and a bedroom tent for the workers. Long tables added to the picnic appearance of the grounds, and an attractive brook at the foot of the hill made all sorts of water activities possible. The children arrived early in the morning, bringing their lunches with them, and were sold milk at noon-time at one cent a cup. The camp accommodated forty or more children, who were sent to it daily by the Visiting Nurse Settlement and the College Settlement.

Alice MacCormac, assistant superintendent of the Hartford Visit-

ing Nurse Association, took the summer course at the New York School of Philanthropy this past summer.

South Manchester Business Men's Association has opened a station for the distribution of pure milk to the babies in their town. Margaret Brennan (Hartford Hospital), is in charge. For the present the station is in the rooms of the open-air school.

The first annual report of the District Nurse Committee of the Civic League of New Canaan is an interesting account of the development of a new nursing organization. The desire for a visiting nurse was made public in February, 1911, and in June, 1911, Mary A. Webster (New Haven Training School for Nurses), was appointed to the position. The money was first raised by a subscription list, over $900.00 being received in pledges. During the year three rummage sales were held, and later an emergency fund started by a gift to the Civic League by the New Canaan Players. The work of the first year has surpassed their expectations by so much that an assistant nurse is now needed very much. This report will be very helpful to any town planning to install its first visiting nurse.

Rhode Island.—The third annual report of the Pawtuxet Valley Visiting Nurse Association, Rhode Island, is a record of a steadily increasing field of work. Three nurses are now employed on full time and the Metropolitan Life Insurance Company work is carried also. In connection with this, mention is made of the accuracy required in the records for the Metropolitan Life Insurance Company. Many visiting nurse associations owe a debt of gratitude to the Metropolitan Life Insurance Company for having introduced a business-like card system and method of reporting cases. The day has passed when all our efforts can be directed toward the care of the sick only, for we must some day render an account of our stewardship. How can we better bridge the space between our patients and our contributors than by putting on paper some of the data which we can collect daily in our travels, or by writing up a few of the many "live" stories with which our brains are filled to overflowing? Visiting nurses have been, and still are, too reticent about their work. It is but fair that these stories, which would help so much in interpreting the poor to their more fortunate neighbors, should be written up, and a new system of records, that enables it to show better what its work really is, will be of great service to any association.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

In conformity with the laws of progress and in response to an apparent need, this department of the JOURNAL opens with several purposes in mind, the main one being to furnish help and encouragement to those of our number who are working out the problems of management in the larger or smaller hospitals, as the case may be.

This is essentially the day of the smaller hospital which has found its place and won the confidence of the public because it has proved its usefulness. It is nearly always superintended by a woman who is also a nurse. Many of these institutions, well started under the nurse superintendents, have prospered and flourished and built larger until they have been thought to belong within the province of the man superintendent and have accordingly been handed over to him to *finish*.

It is the hope of this department to gather information as to details of work by co-operating with the various hospitals of all classes. To this end, it invites and solicits from them the material which shall form the web of our presentation from month to month.

It must necessarily be true that each hospital in the land has, during the past year, evolved some improvement that could be adapted to the needs of another that is searching for a like system or appliance. No doubt, modifications would be required, but the idea suggested to the alert mind of the superintendent having the need would be grasped and enlarged, or changed until just suited to the conditions at hand. Surely, it is a small matter for us to allow a fellow-worker to profit by something which has proved useful to us when we can do so by simply giving it publicity in the columns of the Hospital Department of the JOURNAL. Every time we visit a hospital we see much that we could utilize, therefore another could also, and if we find the management of the hospital visited too busy or disinclined to give the required information to the JOURNAL, let us give it ourselves; let us be "home missionaries" to that extent.

We note in our travels from hospital to hospital that methods of

keeping records are often old-fashioned and cumbersome, duplications whose only visible object is to increase the work of the superintendent. We can recall one hospital among whose archives may be found acres of paper covered with writing done with a pen in the hand of the faithful superintendent. If there is any system which can obviate drudgery accomplishing such small results, do please let us have it! Think of the time that superintendent might have for instruction of nurses or inspection of nursing care of patients, if she could but know of ways and means for accomplishing her routine work in less time. Perhaps some one can tell us about simplicity in forms of accounting. Who has tried the method originating in the Association of Superintendents of Hospitals and found it adaptable? What information can be given regarding purchase of supplies? How many have tried the co-operative plan of purchasing through a central agency, or an individual employed by a number of hospitals in combination? Was the plan successful? How may we re-consider or consider anew the ounce of prevention that has proved one of our greatest economic measures at all times and in all departments?

Hospitals, of all places, should be hygienic, and yet how many show in their floors, for instance, a real regard for hygienic principles? A symposium upon "hospital floors" would be most helpful to the isolated superintendent who has no time for visiting and inspecting hospital construction and management in the larger centres. Histories of new buildings, of which there are many, with descriptions of equipment and organization will be forthcoming.

While we can promise much of interest and, we hope, of profit to our readers, we feel reasonably sure we can do little without the co-operation of those engaged in hospital management and we therefore urge them to assist in the new work here undertaken. Information regarding hospital topics will be most gratefully received and to those who cannot take the time for gathering information we shall be grateful for knowledge of the places where it may be obtained. We trust every hospital superintendent will consider this a personal invitation to present her special hospital problems for discussion. Surely, from the counsel and experience of the multitude, we may gather wisdom for their solution.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

ANTISEPTIC THERMOMETER CASE.—Dr. J. H. Dempster, in the *Journal of the American Medical Association*, recommends the use of a thermometer case suspended by a chain, as it is easy to pour into it a few drops of dilute formaldehyde solution, keeping the thermometer antiseptic. It should, of course, be washed before and after using.

THE ICE BAG AND APPENDICITIS.—Dr. A. M. Fauntleroy, in the *Medical Record*, warns against the use of the ice bag in appendicitis. The relief is probably due to the numbness of the peritoneum brought about by cold; nature is deluded and does not call out the reserve leucocytes to fight the foe. She usually tries to wall off the acutely inflamed or gangrenous appendix from the general peritoneal cavity and this process is prevented by the chilling influence of the ice bag. A hot-water bag is distinctly preferable.

THE OPHTHALMIC NURSE.—Dr. Samuel Theobald, writing in the *Johns Hopkins Hospital Bulletin*, says the well-trained nurse taking up ophthalmic nursing will soon learn some requirements of the work. She will find that the keen edge of a cataract knife will not stand more than thirty seconds' boiling, and that the slightest rough usage will blunt its delicate point. The gauze needed to make a sponge for the general surgeon is enough to make half a dozen for the ophthalmic surgeon. The solution in an eye-dropper is apt to be contaminated if the dropper is held with its tip uppermost. The important point with reference to the illumination of a ward or room in an ophthalmic hospital is that it should be constant; a flapping window shade, for instance, should not be tolerated. A painful eye may be relieved by elevating the head by means of an extra pillow or two. After a delicate operation, a patient with both eyes closed should not be permitted to take a single step without guidance. In applying a solution to the eye of a nervous patient, draw the lower lid slightly away from the eye, while the patient throws the head back and looks upward, then let the drops fall between the lower lid and the eye. If it is important that the solution should come undiluted in contact with the cornea, the upper lid is drawn up and away from the eye while the patient, with head thrown back,

looks downwards, the cornea being thus exposed, the drops may be directed upon it. Only one drop of strong or poisonous solutions should be used.

A New Test for Pregnancy.—*The Interstate Medical Journal*, speaking of a test reported in a German contemporary, says that if placental extract is mixed with blood serum obtained from a pregnant woman, the placental proteids are disintegrated and peptones are formed. If the woman from whom the blood serum was obtained was not pregnant, no change takes place in it. This test may become of great practical importance.

Wheat Bran in Constipation.—At a meeting of the Medical Association of the Greater City of New York, Dr. A. Ernest Gallant advocated the use of wheat bran in overcoming constipation. For the relief of habitual constipation, it should be taken daily in doses of one or two heaping tablespoonsful. It can be stirred in a glass of cold water, or mixed with a cooked cereal, or eaten with cream and sugar. Children like it mixed with jelly, jam, marmalade, honey, or syrup and spread on bread or toast.

Sometimes it may be necessary to continue the usual cascara or other laxative for a few days, but as soon as the habitual stool is established, that must be stopped. Among the several hundred patients to whom he had taught the bran habit, there had been many who suffered from chronic diarrhœa, diarrhœa alternating with constipation, mucous colitis, enema constipation, or that due to castor oil, saline waters, and other agents whose secondary effect was astringent. The slightest desire to defecate must be immediately attended to.

The Therapeutic Use of Blood.—*The Journal of the American Medical Association* has an editorial on this subject. An interesting development in minor surgery is the use of blood to stop hemorrhage. Blood may be drawn from a normal person and injected subcutaneously at once, or, if preferred, a sterile flask with a coiled wire may be used to receive the blood which is then defibrinated so as to be ready for injection. If haste is not necessary, a simple procedure is to allow the blood to stand in the ice box in a sterile bottle, the serum being used for injection as required. Blood serum is also efficacious when administered locally and is markedly hemostatic when applied to oozing surfaces. Good results follow injections of blood or serum in hemorrhage of the new born, except when life is endangered from exsanguination; in these cases direct transfusion is indicated.

Cooling Hospital Wards in Summer.—*The American Journal of Surgery* in an editorial recommends that hospitals be provided with a complete ward-cooling system. In a small room an electric fan adds

enormously to a patient's comfort on a hot day. No such device is possible in a large ward. An adequate supply of cold air, automatically regulated, should be supplied. Air sucked over brine pipes can be delivered through ventilators by means of pumps, or blowers, and will be sufficiently cold to cool a large room. In rooms not too large a series of fans, not too near any patient, might be operated at one end and the air from them blown over blocks of ice. Water curtains can be used to reduce room temperature, though this is a crude method.

Light, frequently changed bedclothes, cool drinks, frequent sponge baths, and protection from flies and mosquitoes are the nurses' contribution towards the patient's comfort. The surgeon can substitute caps, tapes, and straps for bulky roller bandages about the head and neck, while abundant discharge from wounds can be managed with small dressings, frequently changed.

ZINC OXIDE AS A DEODORANT.—Dr. W. P. Cunningham, writing in the *Medical Record*, emphasizes the use of oxide of zinc powder as a deodorant. In a particularly aggravated case of leg ulcers, zinc oxide powder was freely used until the ulceration was filled flush with the skin and covered with a bandage kept wet with a ten per cent. solution of boric acid lotion. The patient complained of pain but the offensive odor entirely disappeared.

BUTTERMILK IN DIARRHŒA OF INFANTS.—A writer in a German medical journal reports the case of four infants, from three to five months old, who were losing weight from diarrhœa. Buttermilk was substituted for two or more of the ordinary feedings during the day, with immediate improvement. Buttermilk is effectual on account of its low fat content and high lime content and its considerable proportion of albumen.

TECHNIC FOR EXTENSION AFTER FRACTURE.—*The Journal of the American Medical Association*, quoting from the *Polyclinico*, says that Socia winds a bicycle tire around the leg and inflates it with the air pump. This holds even an oblique fracture firm and permits traction from the beginning with two strips of cloth lengthwise of the leg under the inflated tire and extending below the foot to form a loop. The tire can easily be removed and replaced. If the pressure is too tight, a little air can be allowed to escape, or the pressure increased by pumping in a little more air.

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

THE ADVANTAGE OF BEING WELL INFORMED

DEAR EDITOR: The last case on private duty that I took made me see the necessity of nurses knowing something of the nursing world. The patient's husband asked me, on entering the room, if I knew Clara Barton, and I said, "No, but she has recently died." He said: "Yes, but you are the first nurse out of six that have attended my family that has known of or heard anything about Clara Barton, and two of them did not know of Florence Nightingale, and they were graduate nurses too." The man was drinking and under the influence of liquor at the time, and I was to take him in charge. He took my knowing who Clara Barton was as a sign of having some degree of intelligence and I managed him quite successfully.

Texas. E. M. H.

THE USE OF ATTENDANTS IN CONNECTION WITH ORGANIZED NURSING CENTRES

DEAR EDITOR: The use of the attendant is one of the vital questions which to-day is being raised by the managers of nursing institutions and by all leaders of the nursing profession. At the Chicago convention a discussion of the paper read by Miss Grace E. Allison was crowded out by numerous matters which had to be considered by that body. This was a disappointment to a number of nurses who were most anxious to learn the opinion of the convention on this subject.

The two papers read were, on the whole, against the use of the attendant nurse; but the question raised, "Shall the attendant be registered?" is one of the least important to be met, as that matter will take care of itself as registration becomes standardized throughout all the states, as is rapidly being done.

I should like to quote from Miss Allison's paper: "But have we taken it upon ourselves to assume the responsibility of the nursing care of all humanity? If so, then our whole system needs reorganization." Now I contend that the whole responsibility is ours, whether we have accepted it or not. We assume this responsibility with our graduation honors and our state R.N. We cannot escape it, because it belongs to us. That our system needs reorganization only means progress. When we think that the first American nurse is still one of us, and when we read her simple record of how "humanity" was cared for a little over half a century ago, we should feel inspired when we think of the progress that has been made. The next half-century belongs to us; and with humanity itself awake to its great needs, what a record of progress should be ours!

How are we to fulfil our obligation to the great middle class? This is the

important question when we are considering the use of the attendant. The sliding scale of prices is not practical. The graduate nurse should have a standard compensation. The endowment funds suggested never too much of charity to be forced upon self-supporting and self-respecting people. The insurance against sickness is, perhaps, one way to meet the problem; but this will have to come to us through commercial channels and is out of our province. What then is to be done? The attendant, whether we approve or not, is filling a place among this class of people. Her faults, moreover, are the faults to which all womankind is prone,—from which even the graduate nurse is not exempt.

Now then, inasmuch as the attendant nurse has her place, and inasmuch as the quality of her work affects a large class of people, what better thing could be done than to offer her a means of improving herself professionally, while she is pursuing her calling? And a means of doing this has been thought out by a number of people interested.

In educational matters, as you know, when it is desired to raise the standard, expert supervisors are appointed to oversee the work of those less advanced, and it is this idea which has suggested itself to those who would raise the standard of attendant nursing. They propose to establish centres of supervision for attendant nurses, the supervisor to be a graduate nurse who is fitted by temperament and ability and special training for her position. It is particularly important that she should have district and social training.

One question in regard to this experiment should be settled. Is it well to turn out successive groups of partially trained attendants every three or six months? And the answer is that those in charge of the centres intend to train their attendants to work for them as long as the attendants give satisfaction and wish to do so; but the managers of these centres deem it inexpedient to give any kind of certificate or diploma at the end of a course of training, and the attendant, as long as she works for the centre, works under supervision.

The field for these workers is a wide one. They work in the homes of the average workingmen, the homes where the bread-winner is able to keep his family in comfort while the members of that family are well; but to employ a trained nurse for more than a few days, or a few weeks at the most, would be out of the question. This is not the field which the graduate wants. She is most unhappy in a home where she realizes that no matter how hard she works for her money and no matter how much the family appreciates her services, they are straining beyond what they can possibly do to keep her. After the critical stage of the case is past, the graduate would be glad to leave her patient in the hands of a careful and competent attendant and feel free to go elsewhere.

The place for the attendant nurse is in the homes of the great mass of the people who will not seek for what they cannot pay for, and who cannot afford to pay for the graduate nurse. This field is not covered by the visiting nurse, for she cannot go into the home to stay there, nor is it filled by the graduate private nurse, whose salary is greater than that of the bread-winner in such a home.

The nursing profession is working with the educators and social workers for the establishment of better standards of public health and morals. They are working for the betterment of the cities and of the neglected agricultural districts. If it is possible to offer to the general public, who as yet do not

realize the value of good nursing, a means for the betterment of themselves and of their children, it will only be necessary to offer it, and as soon as they know that such a means is available, the public will grasp it eagerly, with inestimably good and far-reaching results, and one of these results will be a much greater demand for nurses.

Massachusetts. ELIZABETH ROSS, R.N.

OBSTETRICS IN PRIVATE NURSING

DEAR EDITOR: Obstetrics in private nursing differs from obstetrics in hospital nursing, only as the surroundings differ. The actual care of the mother and child are identical. The making of the engagement and keeping it are the first difficulties the young graduate will encounter. In the majority of cases, on account of expense, the patient will want to engage her nurse from the day estimated as the time for labor. This may cause some trouble as labor may come as much as two weeks ahead of the estimated time and if the nurse keeps her engagement, she may have to leave a case not taken subject to call. If possible, the engagement should be made for a week or two ahead. This need not cause much extra expense as the nurse can take short, clean cases subject to call. If this is not possible, the patient should understand that she runs some risk of having to get another nurse, as her's may be on a case she cannot leave so suddenly, and it would not be wise to change on account of the patient's condition. People who can afford it often wish the nurse to be in the house for some time before the confinement. This of course simplifies the matter of the engagement. I have heard of nurses who were engaged for obstetrical cases taking other cases and also charging the obstetrical patient for the time. This seems to me to be very unprofessional and does not speak very well for the honesty of the nurse. Nurses who do obstetrical work should be careful about the other cases they take. Contagious and infectious cases of any kind should be avoided for some time before an obstetrical case is due. If the nurse is not able to avoid a case of that kind, she should take an antiseptic bath, wash her hair, and disinfect herself thoroughly. Even then she runs the risk of causing infection.

It is well for the nurse engaged for an obstetrical case to visit her patient occasionally and become acquainted with her and her surroundings, and to make arrangements for the supplies and rooms to be used. Also the mother very often wishes some advice in making clothes for the baby. If possible, a large sunny room, convenient to the bath, and with a smaller room adjoining, to be used as nursery, should be chosen. The separate nursery is a great help in training the baby and is much better for the mother as, then, she will not be kept awake and worried by the baby crying. If the nurse is called some days before confinement, she can prepare the room properly. When this is the case, she should remove all extra furniture and bric-a-brac and see that the room is thoroughly cleaned. It is well for an obstetrical nurse to have a small steriliser of her own. She can steam supplies in a wash boiler. There are many things one can sterilize if there is time, and there are some that it is almost impossible to do without. The nurse should have sterilized beforehand at least the following supplies: 1 sheet, 6 towels, 4 tablecovers, 1 pair leggins, 1 gown, cord for tying cord, and a small jar of applicators. Plenty of sterile gauze and cotton should be supplied,

also an abdominal binder, a breast binder, and a rubber sheet. When called after labor has begun, the first thing to do is to put plenty of water on to boil. Then find basins to use for solutions; stew pans will do. Put two basins, a pitcher, cup for boric acid, a receptacle for the placenta, a pie pan will do nicely for this, and fountain syringe in a wash boiler to boil. In emergency this water can be used for sterile water. While these are boiling the room and patient can be prepared. The dresser will serve for the sterile sheets, towels, pads, etc., and a sewing, card, or centre table can be used for the basins of solutions, sponges, instruments, and pitcher of warm sterile water. Vessels of hot and cold sterile water can be put on a chair or even on the floor. A small table for ergot, a glass of water, chloroform, and mask should be provided and a pail or slop jar for soiled sponges. Great care should be exercised throughout these preparations, and throughout the case, not to mar or in anyway injure the furniture. Though it may not be costly, or even nice, it is the patient's best and should be handled carefully. Newspapers under sterile covers will help to protect the tables from spilled solutions and can also be used to protect a carpet, though heavy paper or some old clean carpet is better. After the room is thus prepared, the nurse can devote all of her time to her patient, preparing her in the usual hospital manner, and in making the bed and preparing a second bed with warm blanket and hot-water bottle for the baby.

The chart should never be neglected, an accurate record being kept during labor and after as long as the case lasts. This often seems a waste of time when the doctor does not even visit the case; but if anything should happen he would be very glad to have a complete history. The diet should be watched carefully. I find it harder to regulate the diet in a home than in the hospital. The patient often knows what is being prepared and sometimes helps to order for the house and naturally wants the same as the others have and it is often hard to refuse. But for the first week the diet should be limited.

The obstetrical nurse is in a position to do something to help lower the rate of infant mortality by the example she sets in caring for the baby. It should be put to breast every two hours during the day and not more often than every four hours at night. These hours should be the same each day. The bath should be given each morning at the same hour. It should be kept in a bed of its own and it is better to keep it in a separate room. Regularity should be strict.

Many nurses, perhaps the majority, do not care for obstetrical work. The reasons given are generally that it is so uncertain and one loses time in waiting or is inconvenienced by being obliged to leave a case for one previously engaged, or that some of the doctors do not like to employ a nurse who does obstetrical work as they are uncertain. This may all be true, but, on the other hand, there is some advantage to be gained also, and if a nurse wishes to do this work she will soon learn how to make her engagements so as to avoid most difficulties.

Obstetrical nursing takes one into the better class of homes and if a nurse becomes popular she will gain other kinds of cases in these same homes. Also, it is a change from the usual worried anxious atmosphere of the home in which there is severe illness. To go to a home made happy by the arrival of a baby, it seems to me should be a relief to any nurse.

At first I thought there was no science, no skill, to an obstetrical case—nothing but a ceaseless round of drudgery. As I have done more, I can see

how badly mistaken I was. Aseptic conditions and how to maintain them, caring for the babe, watching its development which becomes more and more interesting, keep one interested. As one has almost three cases in one—medical, surgical, and care of the baby—it is harder than most cases and in most states the nurses receive more for this work.

Kansas. G. L.

AROUND-THE-WORLD LETTERS

(Extracts from letter dated Japan, January 7)

DEAR EDITOR: The next day we moved on toward Kobe. This part of the trip is through the Inland Sea, and nothing lovelier can be imagined than steaming along slowly between the many islands covered with terraced rice fields, and with jutting rocks crowned with little gnarled trees, standing like lacework against the sky. When the sun suddenly glistened on a snow-capped peak in the background, we just caught our breath with sheer joy at the beauty of it all.

Kobe was not quite so cold, and here I learned the meaning of some of the decorations that had been conspicuous in Nagasaki as well as in Kobe. Every building is fringed with long tassels of rice straw. Just as the palm forms the chief emblem of joy or sorrow in Egypt and India, so rice, the chief article of food, expresses the emotions in Japan. Each doorway, from the highest to the lowest, according to purse and taste, had a decoration of bamboo, pine, rice, and oranges, expressive of fidelity, longevity, and plenty. Some of the carts had a little tied to a spoke of the wheel. The boats have it tied to the mast. Included in these New Year's decorations were many fluttering bits of white tissue-paper. These had all been blessed by the priest and wherever exhibited meant that the house and its inhabitants were blessed, that no evil could flourish there.

The shrines and temples are very interesting. There are no stated times for attending worship and there are no buildings with paid-for seats, like our churches. The Buddhist worships in the open air at all hours of the day. He drops his contribution in a large wooden trough before the shrine. Sometimes his offerings are works of art. In that case, they are tenderly preserved, sometimes under dust, within enclosures. Offerings of the choicest sake, a kind of rice whiskey, are stored in the shrine and dutifully drunk by the priests. A bronze statue of Buddha, forty-eight feet high, has one of the only two statues in Japan of the mother of Buddha in the shrine at the base. Here, also, is the baby Buddha, a cheerful little bronze in the Banzai position, kept shining by the many little hands which touch the part which on their own bodies is diseased. The naive sentiment of the people made them place their best Port Arthur trophy, a huge cannon, next to their very best shrine. Here the children play and sing, climbing alike on gods and guns.

After seeing the town we went through the theatre street, gay with banners and fluttering flags. An advertisement thrust into our hands announced that the programme is changed "thrith a month." Also there is a comic picture of "The Wonderful Dog Trainer." The word barber is written bar ber. This part of the town had a sort of Coney Island atmosphere, so we stepped out of our rickshaws and viewed it on foot. Instead of hot sausages, there was the toothsome octopus boiling in a pot and dispensed to the luxurious on wooden sticks.

As all shops are open to the front, no wall at all, there is much to be seen by merely walking around slowly. We came to a pavilion apparently exhibiting beautiful embroidered kimonos. Admission was a cent and a half. Our guide was a German-Japanese lady, who said: "These are bridal clothes, you will find them very beautiful and worth looking at." The figures had their backs towards us, and after we had duly admired that row, we filed around to see the next. A stream of Japanese men, women, and children were listening to an eager demonstrator. Imagine our astonishment when we found the front of these lay figures with their one garment fastened in a V below the umbilicus, exposing the breasts, and with the abdominal wall removed, showing little papier-maché Japanese babies,—the single baby, twins, triplets,—each one, apparently, hanging by its cord from the sternum of the figure. Our little party of five consisted of two married ladies, a man who is an artist, our guide, and me. The married ladies were shocked and wanted to run. It was left to the artist and the nurse to find in this exhibit material for the study of the question which is occupying the thoughts of our best thinkers and educators. Is there any spot in Europe or America where boys and girls of all ages with their parents, sisters, and brothers, or sweethearts, could view one figure after another—there were surely a dozen—without a smile or an obscene remark? Our guide told us there is no such thing as a vulgar remark or jest.

When we left Kobe, we had but a short sail to Yokohama, which we reached early in the morning. It is no wonder the Japanese adore Fujiyama, their beautiful sacred mountain. As we neared Yokohama everything was shrouded in pale gray mist out of which rose this snowy peak. Like a wonderfully contrived stage effect, the mist rolled away at the base, revealing more and more of the snow-white mountain, and at the same time the rising sun colored the peak a soft shell pink. That one lovely sight redeemed all the cold flowerless views that had gone before.

The shops were the most tempting of all we had seen. The nice clean habit of stepping out of their shoes at the door and walking on spotless matting in their stocking feet makes one mad to make a disgraceful sight. The coolies carefully put the rickshaw rug around your knees, declining absolutely to sell it by tucking it around your feet. I saw one man getting apoplectic and the rickshaw man getting frantic over this little difference of opinion as to which part of the body should be protected from the cold.

Tokyo is about fifty minutes on the train from Yokohama. We spent a day there driving around in rickshaws. Some day it will be a very beautiful city, for the Emperor's palace stands on an eminence, surrounded by a moat, guarded by stone walls and ornamented by a beautiful park. Radiating from this as a centre, wide streets are being laid out and handsome buildings are being erected.

It is in Tokyo that one can get the cultivated pearl, directly from the discoverer, and many temptations were looked at, fondled, and laid back in their pretty cases with a sigh.

CHARLOTTE HEDGCOCK.

[A letter from Anna C. Robinson will be given a personal answer if she will send her street address to the editorial office.—ED.]

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

REPORT OF NURSES' RELIEF FUND, JULY 1, 1912

(This should have preceded the August report, published in the last issue of the JOURNAL, but was not received.—ED.)

Previously acknowledged	$1961.44
June 1, interest on bank balance	13.59
Kansas City General Hospital Alumnæ Association	10.00
Jackson Sanatorium Alumnæ Association, Dansville, N. Y.	25.00
Individual members of Jackson Sanatorium Alumnæ Association, Dansville, N. Y.	
J. Linton	1.00
R. Sparham	1.00
M. Pridham	1.00
R. MacCallum	2.00
A. McCumber	2.00
Iowa State Nurses' Association	25.00
Mrs. Millicent Northway, R.N.	5.15
Lucy Minnegerode	5.10
German Hospital Alumnæ Association, New York City	10.00
St. Luke's Hospital Alumnæ Association, Richmond, Va.	10.00
Brooklyn Hospital Alumnæ Association	25.00
St. Luke's Hospital Alumnæ Association, St. Louis, Mo.	20.00
Mary B. Byre	3.00
Syvilla S. Muntz, Ronquillo Hospital, Cananea, Sonora, Mexico	5.00
Julia Dorsey	2.00
Mame S. Gottler, R.N.	2.00
Cash received at Chicago Convention from various associations and individual members for which a New York draft[1] was sent from Chicago during convention	203.50
	$2332.78

[1] The items making up this draft the treasurer is unable to give at the present as her trunk containing all her books and records was lost by railroad in transit to New York.

REPORT OF NURSES' RELIEF FUND, SEPTEMBER 1, 1912

Previously acknowledged	$2451.94
Alice M. Andleton, Susan Shrive } Johns Hopkins Hospital Alumnæ Association	4.00
Boston City Hospital Alumnæ Association	50.00

Jewish Hospital Alumnæ Association, Philadelphia, Pa.	$5.00
Rochester Homœopathic Hospital Alumnæ Association	25.00
Minnesota State Graduate Nurses' Association	25.00
Children's Hospital Alumnæ Association, Boston, Mass.	25.00
Balance September 1, 1912	$2585.84

The following associations and individuals have reported making payments in cash at Chicago Convention:

Johns Hopkins Hospital Alumnæ Association	$100.00
Sara E. McNeil	5.00
Indiana State Nurses' Association	41.00
St. Mary's Hospital Alumnæ Association, Milwaukee, Wis.	5.00

All contributions should be sent to Mrs. C. V. Twiss, R.N., Treasurer, 419 West 144th St., New York City, and checks made payable to the Farmers' Loan & Trust Company, N. Y.

Address all inquiries to L. A. Gibbeson, R.N., Chairman, S. E. Cor. 33d Street and Powelton Avenue, Philadelphia, Pa.

A calendar for 1913 is being prepared to be sold for the benefit of the Relief Fund and will be on sale at one or two places in each state. The price and date of issue with names of other places where they will be on sale will be published in next month's JOURNAL.

The following nurses and directories in various states have kindly promised to take charge of the selling of the calendars:

Texas, Clara L. Shackford, R.N., John Sealy Hospital, Galveston.

Massachusetts, Suffolk County Nurses Central Directory, 636 Beacon St., Boston; The Boston Nurses' Club, 839 Boylston St., Boston.

Delaware, Anna M. Hook, R.N., 822 W. 9th St., Wilmington; Mrs. Mary T. Cunningham, R.N., Elsmere.

Ohio, Matilda L. Johnson, 612 St. Clair Ave., Cleveland.

New York, The Central Registry for Nurses, 62 East 34th St., New York City, Pauline L. Dolliver, R.N., Registrar.

Indiana, Miss D. Currie, R.N., 21 The Millikan, Indianapolis.

Oklahoma, Central Registry, Mrs. B. V. Ryder, R.N., Secretary, 106 E. 6th St., Oklahoma City.

Iowa, Helen C. Petersen, R.N., 1116 Court St., Sioux City; Des Moines Register, Flora Poisig, R.N., Secretary, 921 4th St., Des Moines.

Georgia, Lucy Minnegerode, R.N., Savannah Hospital.

Pennsylvania, Philadelphia Club for Graduate Nurses, and Registry, 1630 Arch Street, Philadelphia, Miss M. C. Walter, Superintendent.

Dallas, Texas, Miss N. Oldberg, 4412 San Jacinto Street.

Madison, Wisconsin, Emma Puls, 224 W. Washington Avenue.

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

THE TREASURER OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, Mary E. Lent, R.N., Instructive District Nursing Association, Baltimore, Md., would like to have sent to her the correct addresses of the following mem-

bers of that organization: Lena Warner, Katherine Morris, Mary Handschin, Bessie LaLoubour. Receipts sent to them to the addresses given in Chicago have been returned.

MASSACHUSETTS

THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants on Tuesday, October 8, in Room 15, State House, Boston, beginning at 9 A.M.

EDWIN B. HARVEY, secretary.

CONNECTICUT

Hartford.—THE HARTFORD HOSPITAL ALUMNÆ ASSOCIATION held a monthly meeting at Gordon Russell Settlement House, Miss McCormac presiding. The minutes of the June meeting were read and accepted. Mary McGary, delegate to the fifteenth annual convention of the American Nurses' Association, read a very interesting paper on the convention. The association members are invited to take tea at "Bowfield," Windsor, on October 10, as the guests of Miss McGary.

NEW YORK

THE NEW YORK STATE NURSES' ASSOCIATION will hold its eleventh annual meeting in the Supreme Court Chamber, Court House, Utica, on Wednesday and Thursday, October 16 and 17, 1912. The headquarters of the association will be at the Hotel Utica.

A meeting of the Superintendents' Association will be held on Tuesday, October 15, at 2 P.M. Registration of delegates will be from 9 to 10 A.M., on Wednesday, and all are requested to be prompt in attending the first session. Delegates are requested to be prepared to vote on the proposed amendments to the constitution and by-laws. The headquarters of the association will be at the Hotel Utica. The following hotels are recommended by the Chairman of the Arrangements Committee, Caroline Evans, Homœopathic Hospital, Utica: Hotel Utica, Lafayette Street, corner Seneca, headquarters of the association, all rooms with bath, rates $1.50 per day and upward; Baggs Hotel, Main Street; St. James Hotel, 14–18 Whitesboro Street; Hotel Martin, 225–231 Bleecker Street, rates $1.50 up for single rooms, and $2.50 up for double rooms.

The programme in outline is as follows:

Wednesday, 10 A.M. Invocation, Bishop Olmstead; address of welcome, Mayor Frank Baker; roll call; reports of officers and committees; president's address; reports of delegates to other conventions. Wednesday, 2 P.M. Legislative Session, Miss Goodrich presiding. Reports of Legislative Committee, Board of Nurse Examiners, Training School Inspector; address by M. Adelaide Nutting. Wednesday, 8 P.M. Papers: "Obstetrics," Dr. A. Martino; "Pediatrics," Dr. Wood Clark; "Medical and Surgical Nursing," Dr. Willis Ford. Thursday, 10 A.M. Papers: "Training Nurses for the Care of Mental Diseases," Josephine Callahan, Ogdensburg; "Problems of Private Nursing," Ida J. Anderson, Rochester, and Josephine Hill, New York City. Thursday, 2.30 P.M. Papers: "Work of the State Department of Health," Dr. Eugene H. Porter; "Child Hygiene," Dr. S. I. Baker; "Organization of the National Organization for Public Health Nursing," Ella Phillips Crandall. Mrs. Harriet Storck of Buffalo has been invited to give a paper on Infantile Paralysis.

Geneva.—The James O. Sheldon Memorial Home for Nurses was formally opened and presented to the trustees of the Geneva City Hospital Training School for Nurses on July 16. The home is the gift of Mrs. Andrew H. Smith, of this city, and was erected and furnished by her in memory of her father, the late James O. Sheldon, of New York. The alumnæ association of the hospital feels particularly grateful for the home, as it was through the efforts of its members that Mrs. Smith first became aware of the need of such a building. On the opening day a piano was presented to the training school by the alumnæ association.

Rochester.—The Monroe County Registered Nurses' Association opens its central directory and club house on October 1 in a well-built roomy house at 46 South Union Street. The association is not yet able to buy the house, as it hopes to do in time, but has rented the lower floor, as a beginning, where it will have room for a club room, registrar's office, and bedroom, one room for resting, which will accommodate two nurses, the office of the American Journal of Nursing, a bath-room, and a kitchen. Gertrude Montfort, a Bellevue graduate, who has been in California for several years, has accepted the position of registrar.

NEW JERSEY

The New Jersey State Nurses' Association will hold its semi-annual meeting on Tuesday, November 5, at the Y. M. C. A. Building, Camden. The morning session will begin at ten o'clock, the afternoon session at two, when a practical demonstration of salvarsan will be given by Dr. A. H. Lippincott of Camden.

PENNSYLVANIA

The Pennsylvania State Board of Examiners for Registration of Nurses will hold an examination for eligible applicants for registration, in Philadelphia, November 7, 1912, in Pittsburgh, November 11, 1912, and in Erie, November 12, 1912. Full information will be forwarded each applicant. Application blanks can be obtained from the secretary-treasurer, Dr. Albert E. Blackburn, 3013 Powelton Avenue, Philadelphia.

The Graduate Nurses' Association of the State of Pennsylvania will hold its annual meeting in Erie, November 13, 14, and 15, 1912. Further notice of the meeting will be sent for the November issue. A cordial invitation is extended to all nurses and to the public to attend the meetings.

Mary S. Sims, R.N., secretary.

The Philadelphia Club for Graduate Nurses which was located at 932 Spruce Street, finding it necessary to secure a larger house owing to increasing membership and the demand for larger rooms in which to hold social and educational meetings, has removed to 1520 Arch Street. This house being centrally located and containing a larger number of rooms, the club can meet the demand of nurses wishing to make their home there, and of all alumnæ associations wishing to hold meetings. Nurses from other places are cordially invited to make this their home when visiting the city.

Annie S. Macgregor, R.N., graduate of the Lying-in Charity Hospital, who is superintendent of the Baptist Mission Hospital at Kollere, India, returned to her field of work on August 10, after a furlough of eight months.

ANNA L. PITTMAN, R.N., class of 1910, training school of the University of Pennsylvania, will sail from San Francisco, October 16, as a missionary to China, under the care of the Baptist Board. An impressive farewell service was held in the Chestnut Street Baptist Church on Sunday evening, September 8, at which Dr. Emilie Brotthauer, a graduate of the Woman's Medical College of Philadelphia, who has been in Hang Yang, China, for some years, made an earnest appeal to all Miss Pitman's friends to remember her and pray for her in her distant and difficult field, saying that when missionaries wrote the happiest letters home, they might be most in need of encouragement. The members of the alumnæ association gave Miss Pittman the school pin to help her remember "the girls" she leaves behind.

FRANCES H. BENCHEMEN, late superintendent of nurses, Butler County General Hospital, Butler, has left the field of active nursing, after sixteen years of institutional service, and has decided to put into practice her experience in hospital dietetics by helping to conduct the Quaker City Diet Kitchen on North Lambert Street.

Pittsburgh.—THE ALLEGHENY GENERAL HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its first meeting of the fall on September 9. Eight new members were received and many matters of business taken up and arranged for.

DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD of the District of Columbia will hold an examination for registration of nurses Wednesday, November 6, 1912. Application must be made before October 6, 1912, to Katherine Douglass, secretary, 418 East Capitol Street.

MARYLAND

Baltimore.—MARY C. PACKARD, for many years superintendent of the Robert Garrett Children's Hospital, and prominent in all nursing affairs of the state, has resigned her position.

CLARA PECK, formerly superintendent of the Newburyport Hospital, Newburyport, Mass., has been made superintendent of nurses at the Maryland Homeopathic Hospital.

Frederick.—THE CITY HOSPITAL has received a gift of a nurses' home from Mrs. Simmons, of this city. Work will soon be commenced on a building to accommodate about twelve nurses.

OHIO

THE OHIO STATE ASSOCIATION OF GRADUATE NURSES will convene in Canton, October 15–16, 1912. Headquarters, Y. W. C. A. Arrangements have been made with the managers of the Courtland Hotel to accommodate the delegates and visitors. Mary E. Gladwin, president, will preside. An unusually attractive programme has been prepared, and considerable time and attention will be given to the amended bill for state registration.

WISCONSIN

THE COMMITTEE OF EXAMINERS OF REGISTERED NURSES will hold an examination for registration October 23 and 24 in the office of the State Board of Health, Madison, for those for whom the law provides in the following clause:

"If application be made prior to September 1, 1914, and the applicant at the time of such application shall have been engaged in the actual practice of nursing for three years, and shall pass an examination to determine the fitness and ability of the applicant to give efficient care to the sick."

Milwaukee.—The nurses of Milwaukee County have incorporated and completed their organization and will have monthly meetings, beginning September 1. The officers are: president, Miss Newhouse; vice-president, Miss Hiller; secretary, Miss Reichard; treasurer, Miss Farly.

ILLINOIS

State Board Examination in Dietetics

(The answers given are made up from portions of those received, except under question 5.)

1. (a) Give the theory of cooking starch.

Answer: Starch should be cooked slowly over a long period of time; a double boiler should be used. The starch becomes partially dextrinized by long cooking. Long cooking breaks down the cellulose and thus frees the starch grains, allowing the starch to be acted upon more readily by the digestive juices. Long cooking develops a sweet taste.

(b) What secretions assist in the digestion of starch?

Answer: The ferment ptyalin in the saliva; amylopsin in the pancreatic juice; succus entericus.

2. (a) What are the characteristics of an ideal piece of toast?

Material: Bread should be one day old; no holes in the bread, because the edges about the holes become burnt easily; bread to be cut not too thin, as edges curl too easily; should be cut from one-half to three-quarters of an inch thick; crust may or may not be removed; bread to be cut evenly; bread should be dried in the oven before being toasted.

Process: The bread should be toasted on both sides and evenly; toasted a light brown and not burnt; should be dry all the way through; toasting develops the starch into dextrine.

(b) How is toast to be served?

Answer: Toast should be served without butter. If buttered, butter only when cool. To serve, cut into pieces such as squares, sticks, dice; serve hot, on a clean dish, in a folded napkin; serve only when freshly toasted.

3. (a) Why does milk become sour?

Answer: Because of the action of the lactic acid bacteria.

(b) Is sour milk harmful?

The answers to this were both "No" and "Yes," referring to the adult and to the feeding of infants.

(c) What preventive measures can be used in summer to keep milk from becoming sour?

Answer: Cleanliness; keeping the milk cool; unexposed to the air; keep it free from flies; Pasteurize; boil it; put in chemicals.

4. (a) Define foodstuffs.

Answer: Foodstuffs are the essential food principles that make up a complete food and include proteids, carbohydrates, fats, mineral matter, and water.

(b) What are the uses of foods?

Answer: To produce heat and energy to build up the new tissues; to repair the broken-down tissues.

5. What is meant by a Calorie?

"Ever since Lavoisier showed that the changes which food undergoes in the body are essentially changes due to oxidation, the idea has gathered weight that the amount of heat which a food is capable of yielding on complete combustion may be taken as a measure of its value as a source of energy, for heat and work are convertible terms. Now, the standard of heat production is the Calorie, which means the amount of heat required to raise the temperature of 1 gramme of water 1 degree C. This is the small Calorie. For measuring the heat value of foods, one employs for convenience the large, or kilo-calorie, *i.e.*, the amount of heat required to raise 1 kilo (or 1 litre) of water 1 degree C., or, what is the same thing, 1 pound of water 4 degrees Fahr.; and one writes it Calorie, with a capital letter." HUTCHINSON.

Answers as given: A Calorie is the smallest unit of heat. A Calorie is the heat element in food. A Calorie is the amount of heat in food. A Calorie is the smallest particle of food.

(b) How many Calories are needed by the average adult in health?

"One may sum up the standard amounts of the different nutritive constituents required daily thus:

Proteid	120 grammes (3 ounces)
Carbohydrate	500 grammes (18 ounces)
Fat	50 grammes (1¾ ounces)

This would yield the following amount of energy in Calories:

Proteid	120 times 4.1 = 492
Carbohydrate	500 times 4.1 = 2050
Fat	50 times 9.3 = 465
	3007 Calories."
	HUTCHINSON.

Answers as given: Six thousand to ten thousand Calories are needed by the average adult per day; 247 Calories; 365 Calories are required for an average adult; 2000 Calories; 2400 Calories; 3000 Calories daily; 145 Calories to a pound; from 93 to 99 Calories are needed by the adult; about 800 Calories are needed; 80 Calories needed per pound; 60 Calories needed by the average adult; an adult requires 3000 Calories per day; requires 15,000 Calories a day. An adult needs 4000 Calories.

6. Describe five ways of preparing milk and eggs, either separately or together, with which to vary a liquid diet.

Answer: Iced milk; boiled milk; milk shake; custard; raw egg and salt; beaten egg; egg albumen; poached egg in water or milk; creamed soups; egg nog;

soft-boiled egg; egg whip; baked egg; ice cream; milk and liquor calcis; junket; cocoa; hot milk in which toast has been soaked and strained; peptonized; egg white with fruit juices; egg yolk in broth.

7. Name four points which should be considered in the feeding of patients.

Answer: Choose the kind of diet to meet the needs of the patient. Make a proper selection, serving proper amounts of food. Food properly cooked and not greasy. Food to be given at proper intervals. Food known to be easily digested. Select according to health and age. Amuse the patient while eating. Do not have the patient irritated by an uncomfortable position. Do not ask the patient to eat just at medicine time. Keep the patient in a cheerful frame of mind. Make use of the napkin to the mouth frequently. Do not use force in compelling a patient to take food, but rather diplomacy. The nurse should see that she is immaculate. Before serving a tray, remove medicine glasses, emesis basins, etc. Never use a glass tube in feeding a delirious patient. Do not drop particles of food on patient when feeding same. Encourage the patient to masticate the food well. Do not hurry the patient. Do not give foods which retard the recovery of the patient. Put the tray in a convenient place for the patient to reach. Do not serve the dishes too full; a second serving is preferable. When a patient is not able to sit up, feed. Keep mind clear of worry. Consider the likes of the patient in serving and seasoning. Select food principles and not stimulants. Do not give semi-solids to patients who are on liquid diet. When the patient is sleeping avoid awakening her for feed, unless it is essential. Do not give too many varieties at one time. Patient is not to be consulted; serve that which is required for his benefit. See that the patient is in a comfortable position and the hands and face are washed before he is served. When serving foods in a glass or cup, place the same on a saucer. When feeding an unconscious patient, raise the head and support the same; feed slowly, with a spoon and carefully.

8. What changes take place in the making of wheat flour into bread?

(Referring to this question there was an opportunity given to answer five out of eight and the majority of women chose answering the other questions, leaving about three answers for No. 8.)

Answers: Starch becomes dextrinized. Gluten is developed by the addition of water. The growth of the yeast. Formation of carbon dioxide. Formation of alcohol.

NEBRASKA

Lincoln.—Lelia Fellhoen, superintendent of nurses for the past year of the Dr. Bailey Sanatorium, has resigned to take advantage of the Hampton-Robb scholarship at Teachers' College, New York.

Miss H. J. Fraser, R.N., formerly superintendent of nurses of the Dr. Bailey Sanatorium, has accepted the position of resident nurse at Milwaukee-Downer College, Milwaukee, Wis. This past year Miss Fisher has been engaged in private duty nursing in Detroit.

KANSAS

The Kansas State Association of Nurses will hold a meeting in Topeka on October 8 and 9, 1912. All graduate nurses are urged to attend.

COLORADO

The Colorado State Board of Nurse Examiners will meet to examine applicants for registration at the State Capitol, Denver, on October 22, 23, 24. For information, address Mary B. Eyre, secretary, 1942 Pennsylvania Street, Denver, Colo.

TEXAS

The Board of Nurse Examiners for the State of Texas will hold examinations on October 16, 1912, at 10 A.M., at the following places: St. Mark's Rectory, 315 Penn Street, San Antonio; 703 Lamar Street, Fort Worth; Kings Daughters Hospital, Temple; Providence Sanitarium, Waco; 807 Gray Street, Houston. The regular meeting of the Board will be held in Galveston, October 29-24, 1912. Applications must be sent to the secretary before October 1, 1912.

C. L. Shackford, R.N., secretary.

CALIFORNIA

San Francisco.—Lane Hospital and Cooper Medical College are now under the management of Stanford University, and the college is hereafter to be known as the Medical Department of the Leland Stanford University. Harriet I. MacArthur, of the Presbyterian Hospital, New York, assumed charge of the training school of Lane Hospital on October 1.

BIRTHS

On August 28, at Baltimore, Md., a daughter, Mary Sheffey, to Dr. and Mrs. Dan Preston Peters. Mrs. Peters was Retta A. Menche, class of 1911, Church Home Infirmary, Baltimore.

On June 26, at Canton, Ohio, a daughter to Mr. and Mrs. George Swearengen. Mrs. Swearengen was Anna McGerron (or McFerron), a graduate of Allegheny General Hospital.

MARRIAGES

On August 8, at Hazleton, Pa., Olive Richard, class of 1909, Howard Hospital, Philadelphia, to Roy Leib. Mr. and Mrs. Leib will live in Hazleton.

On September 3, at Poultney, Vt., Helen Keefe, R.N., class of 1911, Troy Hospital, Troy, N. Y., to John J. Ramey, M.D. After an extended European trip, Dr. and Mrs. Ramey will live in Troy.

On August 31, at Chestertown, Md., Alice Adele Gemmill, R.N., class of 1902, training school of the University of Pennsylvania, to John Benton Carnett, M.D. Miss Gemmill was for six years superintendent of the Mercer Hospital, Trenton, N. J. Dr. and Mrs. Carnett will live in Philadelphia.

On September 5, at Randolph Centre, Vt., Mary Howard Nutting, class of 1909, Hartford Hospital Training School, to Reverend Thomas Edward Davies. Reverend and Mrs. Davies will live in Springfield, Mass.

Nadine Auchenbach, graduate of the Allegheny General Hospital, to Robert McCance. Mr. and Mrs. McCance will live in Crafton, Pa.

On June 26, at Pittsburgh, Pa., Eleanor Nicely, graduate of the Allegheny General Hospital, to Reverend Jacob Rice. On June 28, Reverend and Mrs. Rice sailed for Africa to engage in mission work.

On July 24, at Pittsburgh, Pa., Dorothy E. Clapp (?), graduate of the Allegheny General Hospital to Russell H. Greesy. Mr. and Mrs. Greesy will live in Pittsburgh.

On July 12, in Philadelphia, Lucy Evelyn Lewis, class of 1909, Protestant Episcopal Hospital in Philadelphia, to Constant Perkins Wilson, M.D. Dr. and Mrs. Wilson will live in Fort Smith, Arkansas.

DEATHS

On May 26, at Doylestown, Pa., Bessie G. Palmer, R.N., class of 1906, Training School of the Hospital of the University of Pennsylvania.

On June 28, at Palmyra, N. J., Sara Emma Bond, R.N., class of 1905, Training School of the Hospital of the University of Pennsylvania.

On August 10, at Riverside, Cal., Mabel G. Stinchfield, class of 1909, Maine General Hospital, Portland, Maine. Miss Stinchfield was a young woman of beautiful character, a credit to her profession. Her loss will be keenly felt by all her associates.

On August 21, at Hermann-Evans Sanitarium, in her home town, Sandersville, Georgia, Bertha Hermann, class of 1910, Lucy Brinkley Hospital, Memphis, Tenn. Soon after graduation, Miss Hermann accepted the position of superintendent of Hermann-Evans Sanitarium. Owing to illness, after several months of faithful work, she gave it up and was never able to resume it. She gave her whole strength and energy to her profession. The sterling virtues of her noble character shone with peculiar lustre, both in her professional and social life.

On September 2, at her home in Bideford, Prince Edward Island, Minnie Hayes, graduate of Boston City Hospital Training School and a faithful member of its alumnæ association. Miss Hayes' illness, which was caused by Bright's disease with severe heart complications, was of less than one month's duration. She was most faithful, both as a private and hospital nurse, and was interested in all that pertains to the interests of nursing. She leaves many warm friends who will mourn her death.

On August 7, at the Buffalo Homœopathic Hospital, Catharine Florence Mayer, class of 1909, Hahnemann Hospital, Rochester, N. Y.

On August 15, of tubercular meningitis, Clementine Ball, class of 1911, Fort Wayne Lutheran Hospital Training School for Nurses, Fort Wayne, Indiana. The members of the alumnæ association of the school express deep sorrow and regret at her loss.

On September 2, at Bideford, Prince Edward Island, Minnie Hayes, class of 1906, Boston City Hospital.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

EDUCATION, THE OLD AND THE NEW, SCHOOL MANAGEMENT, THE EXPERIENCE OF HALF A CENTURY. By William P. Hastings. Price, $1.00. Mailing, 15 cents. Published by the author. Battle Creek, Michigan.

The experiences of fifty years must necessarily prove to be interesting reading, especially when it is given in a personal way as in the present case. Realizing the many difficulties that teachers in the primary and elementary schools encounter and the discouraging results that ensue, the author marks some of the mistakes of the past rule and suggests changes in administration and practical teaching which he considers could be made with great benefit both to the pupil and to the teacher. He urges, too, better qualification on the part of the school officer and committee-man. Fathers and mothers, he thinks, might enlarge their interest in the children they turn over to teachers who are, perhaps, even less interested in the young people under their care.

He gives some truly shocking statistics of the inadequacy of the teaching in the elementary schools, drawing his information from examinations for entrance to West Point, applications being from all the states in the Union. The writer, in spite of the defects he find in the present system of education in the public schools, preserves a fine optimism for the future development of work in the teaching field in America, thinking that with intelligent and systematic care of the physical well-being of the pupils, and more personal enthusiasm on the part of the teacher, there will follow the now much-needed reform for which he pleads.

AMERICAN ASSOCIATION FOR STUDY AND PREVENTION OF INFANT MORTALITY. Transactions of the Second Annual Meeting, Chicago, Illinois, November 16–18, 1911. Printed by the Franklin Press, Baltimore, Maryland.

The report of the transactions of this society, still in its infancy, occupies four hundred pages. The membership at the close of the second year was 525. Thirty-four states, the District of Columbia,

Canada, England, and Scotland are represented in the enrollment. There are also 55 affiliated societies.

The president, Charles Richmond Henderson, Ph.D., University of Chicago, in his opening address, makes the claim that the education of the nation in its duty to the baby is the mission of the society and it is a mission whose call extends to all classes and kinds, and in order to reach these, he solicits the co-operation of newspapers, libraries, and churches. He says: "This association has sounded a rallying cry for all patriotic citizens to unite forces in defense of helpless infancy which is menaced by countless foes. Philanthropists, clubs of women, universities, municipal administrations, state and federal governments are summoned to the field of battle for the future citizens, around whose cradles a life-and-death conflict wages. We are not soliciting funds for a new society, but for the oldest of all. The mother-infant group was the primary social group; it is still more fundamental than the Supreme Court or the Hague Tribunal."

It will be easily seen that this movement is one which nurses find particularly interesting, and reference to the membership shows a large number of nurses and nursing organizations therein. The American Society of Superintendents of Training Schools for Nurses, at the annual meeting of 1911, adopted resolutions recommending co-operation with the American Association for the Study and Prevention of Infant Mortality in every way possible. The superintendents further recommended that provision be made in the courses offered in the nurses' training schools for adequate training in the care of infants, and for instruction as to the extent of infant mortality, its causes, and the means of reducing it.

Further the report says, "The activity of the nurses has opened the way for special membership campaigns among them." There has also been a good deal of interest aroused in the subject among local societies.

The report bears on its committee list the names of such well-known members of the profession as Miss Adelaide Nutting, Department of Nursing and Public Health, Teachers' College, Columbia University, New York, Miss Lillian Wald, of the Nurses' Settlement, 265 Henry Street, New York, Dr. Caroline Hedger, Chicago. Among the papers contributed are found articles by Miss Amy Hughes, General Superintendent of Queen Victoria's Jubilee Institute for Nurses, London, Miss Minnie Ahrens, Superintendent of Infant Welfare Society, Chicago, Miss Harriet Lest, Superintendent of Nurses in the Babies' Dispensary and Hospital, Cleveland, Ohio, Miss Martha M. Russell, Sloane Maternity Hospital, New York City, Miss Ella Crandall, Instructor, De-

partment of Nursing and Health, Teachers' College, Columbia University, New York, Miss Caroline Van Blarcom, Executive Secretary, Committee on the Prevention of Blindness, New York City.

The report, as a whole, is of tremendous interest to nurses and offers large opportunity for societies and individuals to enlarge the field of their usefulness. It offers work in any of the following lines if one has the enterprise to start out in search of it: educational, preventive or remedial nursing, and social work.

FRESH AIR AND HOW TO USE IT. By Thomas Spees Carrington, M.D. The National Association for the Study and Prevention of Tuberculosis, 105 East 22d Street, New York City.

"Probably not more than one person in every hundred, taking the country as a whole, gets enough fresh air to ward off the ordinary attacks of dangerous infectious and contagious diseases," says Dr. Livingston Farrand, executive secretary of the National Association for the Study and Prevention of Tuberculosis, in a statement issued from the association's headquarters in New York.

"People," continues Dr. Farrand, "fail to get enough fresh air either because their lungs, or other respiratory organs are affected, or, more generally, simply because they do not open the windows and doors. For the former class a physician is needed, but for the latter, plain directions on how to live, work, play and sleep in the open air will do more than hospitals and drugs."

To meet the need of this latter group—not especially those who are sick but those who are seemingly well—the National Association has prepared this handbook.

This book is designed to prevent tuberculosis by showing those people who have no trace of the disease how to ward off the attack of consumption by living and sleeping in the open air. Failure to get enough fresh air by working and sleeping in poorly ventilated, overcrowded rooms is one of the most prolific causes of tuberculosis and also of a host of other infectious diseases. This free gift of nature is probably the world's best medicine not only in the treatment, but also in the prevention of disease.

The handbook tells how any one can obtain fresh air in the home, the shop, or the schoolroom at a cost ranging anywhere from $1.00 to $1000 or more, according to the elaborateness of the equipment desired.

While the association cannot afford to distribute the book itself free of charge, it will send to any one an illustrated synopsis or summary of it, entitled "Directions for Living and Sleeping in the Open Air," on request at the office, 105 East 22d Street, New York City.

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